

FILED DEC 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38302

State File No.

BIRTH NO.		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>226</u>			
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps					
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Rolla		c. LENGTH OF STAY (in this place) 6 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rt. 1 Rolla Dillon</u>		0 8/10			
d. FULL NAME OF HOSPITAL OR INSTITUTION Phelps Co. Memorial Hosp.				d. STREET ADDRESS (If rural, give location) 5 miles NE of Rolla, Mo.					
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) THOMAS c. (Last) POWELL			4. DATE OF DEATH (Month) (Day) (Year) Dec. 6, 1954						
5. SEX Male		6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 2, 1880		9. AGE (In years) 74 If under 1 year: Months Days If under 10 hrs. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired			10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming		11. BIRTHPLACE (State or foreign country) Phelps Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Jephtha Powell			13b. MOTHER'S MAIDEN NAME Julia Allen		14. NAME OF HUSBAND OR WIFE Harriet Powell				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clarence Powell Rt. 1, Rolla, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Emphysema of Left Lungs</u> DUE TO (c) <u>Chronic pneumonia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Toxic degeneration of heart</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> <u>6 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>585X</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>11/30</u> , 19 <u>54</u> , to <u>12/6/54</u> , that I last saw the deceased alive on <u>12/6</u> , 19 <u>54</u> , and that death occurred at <u>12:40P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Wm. [Signature]</u> (Degree or title) <u>Dr.</u>				23b. ADDRESS <u>Rolla Mo</u>		23c. DATE SIGNED <u>12/7/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-8-1954	24c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery		24d. LOCATION (City, town, or county) (State) Rolla, Mo.				
DATE REC'D BY LOCAL REG. <u>Dec. 8, 1954</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Steele</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carly Glenn</u>		ADDRESS 1100 Elm Rolla, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Me

working under my personal supervision.

Student Embalmer No.

Carl J. Stein
Carl J. Stein

Signed

Signed.....
Student Embalmer

Licensed Embalmer No. 4707

P. O. Address Rolla, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.