

FILED NOV 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39923

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>3076</u>		Registrar's No. <u>205</u>	
1. PLACE OF DEATH a. COUNTY <u>BATES VERNON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BATES</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEVADA</u>		c. LENGTH OF STAY (In this place) <u>26 DAYS</u>		c. CITY OR TOWN <u>RICH HILL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEVADA CITY HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>PARK AVE & DENNIS ST</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILL</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>POWELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV-17-1954</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>NOV. 23-1879</u>	
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GEN FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ADAIR COUNTY, Ky</u>	
12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>MANN POWELL</u>		13b. MOTHER'S MAIDEN NAME <u>GILMAN</u>		14. NAME OF HUSBAND OR WIFE <u>LULA POWELL</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lula Powell - Rich Hill Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Prostate</u> ANTECEDENT CAUSES Morbid conditions, if any; giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)	
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>Oct 21, 1954</u> , to <u>Nov 17, 1954</u> , that I last saw the deceased alive on <u>Nov 17, 1954</u> , and that death occurred at <u>3:40 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Wm. W. Watten, M.D.</u>		23b. ADDRESS <u>Nevada Mo</u>		23c. DATE SIGNED <u>11-19-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11/20/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GREENLAWN CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>Rich Hill, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11-20-54</u>		REGISTRAR'S SIGNATURE <u>Anna G</u>		451-0 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ferry & Sons Funeral Soc - Rich Hill, Mo.</u>			

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, Student Embalmer No. working under my personal supervision:.

Student
Signature of Student Embalmer

Signed *John G. Underwood*
Licensed Embalmer No. *358*

P. O. Address *Butler, Pa.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.