

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9196

State File No.

FILED APR 7 1955

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>6011</u>		Registrar's No. <u>68</u>			
1. PLACE OF DEATH a. COUNTY <u>Madison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo</u>				b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>ADO #3 Moberly Mo</u>		c. LENGTH OF STAY (In the place) <u>life</u>		c. CITY OR TOWN <u>Moberly Mo</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				STREET ADDRESS (If rural, give location) <u>ADO #3</u>					
3. NAME OF DECEASED (Type or Print) <u>NETTIE MAE POWELL</u>			g. (First) <u>NETTIE</u>			b. (Middle) <u>MAE</u>		c. (Last) <u>POWELL</u>	
4. DATE OF DEATH <u>MAR 23 1955</u>		(Month) <u>MAR</u>		(Day) <u>23</u>		(Year) <u>1955</u>			
5. SEX <u>f</u>		6. COLOR OR RACE <u>w</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>12/29/1884</u>		9. AGE (In years last birthday) <u>70</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Monroe County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John Lepper</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Stevens</u>			14. NAME OF HUSBAND OR WIFE <u>Mahlon Powell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Gerald Elshery</u>				ADDRESS <u>Madison 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</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) _____					
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 <u>4201</u>				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) _____		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>3-20-55</u> , to <u>3-23-55</u> , that I last saw the deceased alive on <u>3-22-55</u> , and that death occurred at <u>8:15 A. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>F. G. Barnett M.D.</u>				(Degree or title) _____		23b. ADDRESS <u>Paris, Mo.</u>		23c. DATE SIGNED <u>3-25-55</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3/25/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>		24d. LOCATION (City, town, or county) <u>Madison Mo</u>		(State) _____	
DATE REC'D BY LOCAL REG. <u>3/25/55</u>		REGISTRAR'S SIGNATURE <u>Reuben W. Loeue</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred A. Thompson</u>		ADDRESS <u>Madison Mo</u>			

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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 *Mr. Fred G. Kemp*

Licensed Embalmer No. *328*

P. O. Address *Madison*

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.