

No. 300  
10.48

FILED APR 12 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10710

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4497 Registrar's No. 29

220

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

1. PLACE OF DEATH a. COUNTY <u>Shelby</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clarence</u>		c. LENGTH OF STAY (In this place) c. CITY OR TOWN <u>Clarence</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location) <u>1020</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u> b. (Middle) <u>Katherine</u> c. (Last) <u>Powell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 1st 1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 18th 1860</u>
9. AGE (In years last birthday) <u>94</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>13</u>	IF UNDER 12 HRS. Hour <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Shelby Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Benjamin Moore</u>	13b. MOTHER'S MAIDEN NAME <u>Not known</u>	14. NAME OF HUSBAND OR WIFE <u>Elijah T Powell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Eula Stalcup Clarence 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of left hip</u>		<u>28 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nervous instability caused her to get up &amp; fall</u>		<u>2 years</u>
DUE TO (c) <u>Senility</u>		<u>E9030</u> <u>20</u>	
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) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>In home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clarence Shelby Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mar 31 5:40 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell against chair &amp; broke hip.</u>	
22. I hereby certify that I attended the deceased from <u>Aug 8, 1953</u> , to <u>Apr 1, 1955</u> that I last saw the deceased alive on <u>Apr 1, 1955</u> , and that death occurred at <u>2:45 PM</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. L. Edrington D.O.</u>		23b. ADDRESS <u>Clarence Mo.</u>	23c. DATE SIGNED <u>4-2-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 3rd 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maplewood</u>	24d. LOCATION (City, town, or county) (State) <u>Clarence Mo</u>
DATE REC'D BY LOCAL REG. <u>Apr 2-55</u>	REGISTRAR'S SIGNATURE <u>Ada Garrison</u>	419	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Barkeley &amp; Hawkins Clarence Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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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 *Henry A. Barkelee*.....

Licensed Embalmer No. *383*.....

P. O. Address *Shelbina*.....

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.