

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35684**

FILED OCT 24 1955

BIRTH NO. _____ REG. DIST. NO. **337** PRIMARY REG. DIST. NO. **6146** Registrar's No. **75**

1. PLACE OF DEATH a. COUNTY Shelby County				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE Missouri b. COUNTY Shelby					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbyville, Mo Rur			c. LENGTH OF STAY (In this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbyville, Rural			1820		
d. FULL NAME OF HOSPITAL OR INSTITUTION None				d. STREET ADDRESS (If rural, give location) 10 miles N. W.					
3. NAME OF DECEASED (Type or Print) a. (First) ALVIN			b. (Middle) SCOTT		c. (Last) POWELL		4. DATE OF DEATH (Month) (Day) (Year) 10-14-1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH 5-26-1872		9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 4	IF UNDER 1 YEAR Days 18	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (State or foreign country) Shelby Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Robert Powell			13b. MOTHER'S MAIDEN NAME Armona Hubbard			14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bert Powell, Shelbyville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY PHORBOSIS						INTERVAL BETWEEN ONSET AND DEATH 12 hrs		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) H201								
	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)		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 Oct 14, 1955 , to Oct 14, 1955 , that I last saw the deceased alive on Oct 14, 1955 , and that death occurred at 9:00P am. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Howard U. Dutton D.O.				23b. ADDRESS Bethel Mo.			23c. DATE SIGNED Oct 17, 55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-16-1955	24c. NAME OF CEMETERY OR CREMATORY Pheasant Prairie		24d. LOCATION (City, town, or county) (State) Shelby Co. Mo.				
DATE REC'D BY LOCAL REG. 10-17-55		REGISTRAR'S SIGNATURE Ada Garrison		25. FUNERAL DIRECTOR'S SIGNATURE 419-0		ADDRESS Barkelaw-Hawkins, Shelbina, 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.

W. Hawkins

Licensed Embalmer No.

3498

P. O. Address

St Albans, Md

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.