

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 1 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <b>AUDRAIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>AUDRAIN</b>	
b. CITY OR TOWN <b>MEXICO</b>		c. CITY OR TOWN <b>LADDONIA</b>	
c. LENGTH OF STAY (in this place) <b>6 DAYS</b>		d. 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 <b>AUDRAIN HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>0040</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>GREEN</b> c. (Last) <b>POWELL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1 24 1956</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>2-21-1871</b>
9. AGE (In years last birthday) <b>84</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SERVICE STATION</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>TROY, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
11a. FATHER'S NAME <b>WILLIAM FRANKLIN POWELL</b>	11b. MOTHER'S MAIDEN NAME <b>CORDELIA SMITH</b>	14. NAME OF HUSBAND OR WIFE <b>ANNA POWELL</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>491-36-6677</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. ANNA POWELL LADDONIA, MO.</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic Pneumonia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma Prostate</b> DUE TO (c) <b>177X</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arterio Sclerosis</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>3-Days</b> <b>3-years</b> <b>Chronic</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. 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 <b>Feb 8, 1956</b> to <b>1-24, 1956</b> , that I last saw the deceased alive on <b>1-23, 1956</b> , and that death occurred at <b>1 P. m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>W. K. McCall M. D.</b>	23b. ADDRESS <b>Laddonia Mo</b>	23c. DATE SIGNED <b>1-25-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>1-26-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>LADDONIA CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>LADDONIA, MISSOURI</b>
DATE REC'D BY LOCAL REG. <b>JAN 25-1956</b>	REGISTRAR'S SIGNATURE <b>Blanche Neely</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Walter Dienhoff Laddonia Mo</b>	

**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 *Clyde C Wilbey*.....  
Licensed Embalmer No. *138*.....  
P. O. Address *Perry*.....

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.