

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10213**BIRTH NO. _____ REG. DIST. NO. **292** PRIMARY REG. DIST. NO. **6002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Ralls,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ralls,	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Saltriver Township) c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Saltriver Township 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 Perry, Mo. RFD.		e. STREET ADDRESS (If rural, give location) Perry, Missouri R. RD 0870	
3. NAME OF DECEASED (Type or Print) a. (First) SIDNEY		b. (Middle) GREY	c. (Last) POWELL
4. DATE OF DEATH (Month) (Day) (Year) March 6, 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10/8/1864
9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months 4 Days 28	IF UNDER 24 HRS. 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 Farmer	11. BIRTHPLACE (City and State or Foreign Country) Monroe County Mo.
			12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John R. Powell		13b. MOTHER'S MAIDEN NAME Mary Jane Vaughn	14. NAME OF HUSBAND OR WIFE Ruth Hogsette Powell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME John Powell Perry, Mo. ADDRESS _____	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anginal Pectoris	INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Rheumatoid arthritis (Crosse)	
		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 <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
			4202
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) (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 Feb 14, 1956 , to Mar 6, 1956 that I last saw the deceased alive on Mar 5, 1956 , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John Brown M.D.		23b. ADDRESS Perry, Mo.	23c. DATE SIGNED Mar 7-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/8/1956	24c. NAME OF CEMETERY OR CREMATORY Lick Creek Cemetery	24d. LOCATION (City, town, or county) (State) Perry, Mo.
DATE REC'D BY LOCAL REG. 3/8/1956	REGISTRAR'S SIGNATURE Clyde Wilkey	25. FUNERAL DIRECTOR'S SIGNATURE Clyde Wilkey, Perry, Mo. ADDRESS _____	

DEC 13 1957

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 Wilke*

Licensed Embalmer No. *31*

P. O. Address *Perry*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.