

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14036

State File No. _____

FILED APR 30 1956

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 134

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MARION	
b. CITY (If outside corporate limits, write RURAL and give township) HANNIBAL		c. CITY OR TOWN HANNIBAL	
d. FULL NAME OF HOSPITAL OR INSTITUTION LEVERING HOSPITAL		e. STREET ADDRESS (If rural, give location) 806 PARIS AVENUE	

3. NAME OF DECEASED (Type or Print) a. (First) ROY POWRIE b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) APRIL 14, 1956		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH SEPTEMBER 28, 1888	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Days 16 Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHOPMAN	10b. KIND OF BUSINESS OR INDUSTRY MCNALLY PLUMBING	11. BIRTHPLACE (City and State or Foreign Country) CANADA	12. CITIZEN OF WHAT COUNTRY? 2
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13a. FATHER'S NAME JOHN M. POWRIE	13b. MOTHER'S MAIDEN NAME MARIAN MOFFAT	14. NAME OF HUSBAND OR WIFE NONE
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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. 490 07 8846	17. INFORMANT'S SIGNATURE OR NAME Mrs. Marian Whitamore Alton Illinois	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 1/2 hour
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Coronary atherosclerosis		
	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 no	20. AUTOPSY? 4201 YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Apr 14, 1956, to Apr 14, 1956, that I last saw the deceased alive on Apr 14, 1956, and that death occurred at 9:05 Am., from the causes and on the date stated above.

23a. SIGNATURE J. H. A. [Signature]	(Degree or title) Dr. C.	23b. ADDRESS Hannibal Mo	23c. DATE SIGNED 4-17-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/17/1956	24c. NAME OF CEMETERY OR CREMATORY Mount Olivet	24d. LOCATION (City, town, or county) (State) Hannibal Missouri
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DATE REC'D BY LOCAL REG 4/19/56	REGISTRAR'S SIGNATURE Dr. E. M. Lucke	25. FUNERAL DIRECTOR'S SIGNATURE Ch. C. F. [Signature]	ADDRESS Hannibal Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

89-0

RECEIVED APR 26 1956
MARION CO. HEALTH DEPT.
DATE FILED APR 26 1956

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.....

John S. Spence

Licensed Embalmer No.....45

P. O. Address Hannibal Miss

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.