

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15397**

FILED APR 18 1956

BIRTH NO. REG. DIST. NO. **378** PRIMARY REG. DIST. NO. **455L** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY WRIGHT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY TEXAS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mt. Grove		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mt. Grove Clinton Twp	
c. LENGTH OF STAY (In this place) MIN.		d. STREET ADDRESS (If rural, give location) Rt. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mt. Grove Gen. Hos.		10701	
3. NAME OF DECEASED a. (First) BRUCE b. (Middle) WAYNE c. (Last) POWELL		4. DATE OF DEATH (Month) (Day) (Year) 3-31-56	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH JAN. 26-1946
9. AGE (In years - last birthday) 10	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT	11. BIRTHPLACE (State or foreign country) BELLVILLE, ILL.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME EDMUND POWELL		14. NAME OF HUSBAND OR WIFE	
13b. MOTHER'S MAIDEN NAME MARYBELE HATMAN		17. INFORMANT'S SIGNATURE OR NAME Edmund Powell ADDRESS Mtn Grove Mo R.P.D. 1	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal Skull Fracture INTERVAL BETWEEN ONSET AND DEATH 43 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) 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 (Specify) Car		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	
21c. (CITY, TOWN, OR TOWNSHIP) Clinton Township (COUNTY) Texas (STATE) Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3 31 56 4P	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Automobile Collision	
22. I hereby certify that I attended the deceased from 3-31 , 19 56 , to 3-31 , 19 56 , that I last saw the deceased alive on 3-31 , 19 56 , and that death occurred at 4:43 P m. , from the causes and on the date stated above.			
23a. SIGNATURE W. B. Craig, D.O. (Degree or title)		23b. ADDRESS Mountain Grove Mo	
23c. DATE SIGNED 4-2-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVED		24b. DATE 3-31-56	
24c. NAME OF CEMETERY OR CREMATORY CABOOL CEM.		24d. LOCATION (City, town, or county) (State) MO.	
DATE REC'D BY LOCAL REG. 4-7-56		REGISTRAR'S SIGNATURE A.B. Ames	
25. FUNERAL DIRECTOR'S SIGNATURE Elliott - Batey		ADDRESS Cabool, Mo.	

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

No. 300
10. 48
X

48
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APR 5 1956

MISSOURI APR 17 1956
WRIGHT CO. HEALTH DEPT.
County File Number 456-45
APR 17 1956
Date Filed

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 *James L. Gentry*
Licensed Embalmer No. *4718*

P. O. Address *Cabool, Mo.*

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.