

FILED JUL 30 1956

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

24259

Registration District No. 169 Primary Registration District No. 5614 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Knox</u>				2. USUAL RESIDENCE (Where deceased lived. If institutional: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Plevna,</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Plevna</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b <u>75 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>1020</u>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Myrtle</u> Middle <u></u> Last <u>Powell</u>				4. DATE OF DEATH Month <u>7</u> Day <u>20</u> Year <u>56</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>May 3, 1879</u>		9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>17</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (City and state or country) <u>Plevna, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Byke Byke Lige Salings</u>				14. MOTHER'S MAIDEN NAME <u>Margaret Rice</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Joseph Powell Plevna, Mo.</u>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <u>4201</u>								INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month, Day, Year _____									
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>on July 20 1956</u> and last saw her <u>alive on 7-20-56</u> Death occurred at <u>5-10</u> AM on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Ernest J. Glauer D.D.</u> (Degree or title)				22b. ADDRESS <u>Newark Mo.</u>		22c. DATE SIGNED <u>7-20-56</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>7-22-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Kings Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>North West of Plevna, Mo.</u>				
24. FUNERAL DIRECTOR ADDRESS <u>Barkelew & Davis Shelbina, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>July 27-56</u>		26. REGISTRAR'S SIGNATURE <u>Helle A. Hemolt</u>			

(Licensed Embalmer's Statement of Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, welfare, public service

00-56

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Henry A. Bartlett*.....

Licensed Embalmer No. *32*

P. O. Address *St. Albans*.....

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.