

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32853

State File No. _____

SEP 28 1956

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 145

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SIKESTON</u>	c. LENGTH OF STAY (In this place) <u>20 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SIKESTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>422 GREER</u>		d. STREET ADDRESS (If rural, give location) <u>422 GREER</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARENCE</u> b. (Middle) <u>JOHN</u> c. (Last) <u>POWELL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-16-56</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>5-24-1884</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 WKS. Hours _____ Mts. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>NEW MADRID Co MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>ELSIE WALLACE</u>	14. NAME OF HUSBAND OR WIFE <u>ELLA</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>YES W.W.F.</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ella Powell Sikeston Mo</u>	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	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"/>
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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) <u>331X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 9-10 1956, to 9-13, 1956, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:20 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B. L. McMullen M.D.</u>	23b. ADDRESS <u>227 W. Gladys St Sikeston Mo</u>	23c. DATE SIGNED <u>9-17-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-18-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>DOGWOOD</u>	24d. LOCATION (City, town, or county) (State) <u>MISS. Co. MO</u>
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DATE REC'D BY LOCAL REG. <u>9-21-56</u>	REGISTRAR'S SIGNATURE <u>Mrs. Oleta Hunter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Welsh Funeral Home Sikeston Mo</u>	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10.48

24.0

DATE RECEIVED SEP 24 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 956-200

1956
9 100
007 6

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

Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.