

FILED MAY 14 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 12420

BIRTH NO. _____		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>3011</u>		Registrar's No. <u>40</u>	
1. PLACE OF DEATH a. COUNTY CARROLL				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CARROLL			
b. CITY (If outside corporate limits, write RURAL and give town) CARROLLTON		c. LENGTH OF STAY (in this place) 1 Day		c. CITY OR TOWN RURAL		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 BALES HOSPITAL				e. STREET ADDRESS (If rural, give location) F.F.D. 7 15 miles east of Carrollton, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) FORREST			b. (Middle) _____		c. (Last) POWELL		4. DATE OF DEATH (Month) (Day) (Year) MAY, 4, 1957
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 11, 1881		9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give nature of work done during most of working hours. If retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and State or Foreign Country) ADAIR COUNTY, KENTUCKY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME WILLIAM POWELL		13b. MOTHER'S MAIDEN NAME LOU ANN BRYAN		14. NAME OF HUSBAND OR WIFE CHARLOTTE BOLLIN POWELL			
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. 494-12-4656		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. FORREST POWELL CARROLLTON, MO.			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Stroke - Senility					INTERVAL BETWEEN ONSET AND DEATH 16 hours
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Mult. Pl. Contusion - heat chad Fracture of skull - Jan 9/21 ribs -					
		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 Fractures by Disc Trauma Privae					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) FARM		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) EUGENE TWP. CARROLL, MISSOURI.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) MAY- 3 - '57 5p m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Was struck by tree limb, fell from tractor, & dragged by harrow.			
22. I hereby certify that I attended the deceased from 5-3 , 19 57 , to 5-4 , 19 57 , that I last saw the deceased alive on 5-4 , 19 57 , and that death occurred at 7:50 a.m. , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) Eugene L. La... M.D.				23b. ADDRESS Carrollton Mo		23c. DATE SIGNED 5-4-57	
24a. BURIAL OR CREMATION (Specify) BURIAL		24b. DATE MAY 6, 1957	24c. NAME OF CEMETERY OR CREMATORY PLEASANT PARK CEMETERY		24d. LOCATION (City, town, or county) (State) CARROLL COUNTY MISSOURI		
DATE REC'D BY LOCAL REG. 5/6/57		REGISTRAR'S SIGNATURE Mr. Herbert Calver		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STANDLEY & GIBSON CARROLLTON, MO.			

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

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MAY 31 1952

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 *Ben W. Gibson*

Licensed Embalmer No. *2961*

P. O. Address *Carrollton*

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.