

FILED JUL 9 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH57 021593  
STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>WEBB CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>WEBB CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>734 SOUTH ELLIS</b>			Length of stay in lb <b>50 YEARS</b>		d. STREET ADDRESS <b>734 S. ELLIS</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>THOMAS</b>				First <b>C.</b> Middle <b>POWELL</b> Last		4. DATE OF DEATH <b>JULY 2 1957</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <b>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/></b>		8. DATE OF BIRTH <b>MAY 5, 1875</b>		9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CARPENTER</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>TERRE HAUTE, INDIANA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
13. FATHER'S NAME <b>WILLIAM POWELL</b>				14. MOTHER'S MAIDEN NAME <b>ANNIE CREECH</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>EARL POWELL</b> Address <b>CARTERVILLE, MISSOURI</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage</b>							INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Generalized arteriosclerosis</b>		DUE TO (c) <b>331X</b>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>								
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 Month, Day, Year a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <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 <b>CARTERVILLE</b>		COUNTY <b>MISSOURI</b> STATE		
21. I attended the deceased from <b>9-10-55</b> to <b>7-2-57</b> and last saw <sup>her</sup> him alive on <b>7-2-57</b> Death occurred at <b>3:35</b> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>James V. Flakety, M.D.</b>				22b. ADDRESS <b>319 W. Main St., Carterville, Mo.</b>		22c. DATE SIGNED <b>7-5-57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>7-5-1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MOUNT HOPE</b>		23d. LOCATION (City, town, or county) (State) <b>WEBB CITY MISSOURI</b>			
24. FUNERAL DIRECTOR <b>HEDGE-LEWIS</b>			ADDRESS <b>WEBB CITY, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>7-5-57</b>	26. REGISTRAR'S SIGNATURE <b>Ms. Madeline Switzer</b>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

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Date Filed **JUL 8 1957**

**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 *L. J. Lewis* .....  
Licensed Embalmer No. *42*  
P. O. Address *W. B. C.*

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.