

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 275 52
State File No.

FILED AUG 20 1957

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4099 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY <u>Cass</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pleasant Hill</u> c. LENGTH OF STAY (in this place) <u>33 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>316 Boardman</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u> c. CITY OR TOWN <u>Pleasant Hill</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location). <u>306 Boardman</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Everett</u> b. (Middle) <u>Element</u> c. (Last) <u>Powell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 10, 1957</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 20, 1874</u>
9. AGE (In years last birthday) <u>82</u> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 Hrs. Hours _____ Mins. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Concordia, Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Depot Agent</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>John H. Powell</u>	
13b. MOTHER'S MAIDEN NAME. <u>Lucy F. Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Ethel Powell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ethel Powell</u>		ADDRESS <u>Pleasant Hill, Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 min</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. <u>1. Diabetes mellitus</u> <u>2. Prostatism - post surgical</u> <u>3. Hypertension mild</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2-19</u> , 19 <u>48</u> , to <u>8-10</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>8-10</u> , 19 <u>57</u> , and that death occurred at <u>5:40 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. E. Kleind MD</u>		23b. ADDRESS <u>Pleasant Hill, Mo.</u>	
23c. DATE SIGNED <u>8-10-57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>8/12/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Holden Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Holden, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Brownfield-Stanley</u>	
DATE REC'D BY LOCAL REG. <u>8-10-57</u>		REGISTRAR'S SIGNATURE <u>Dora Barward</u>	
ADDRESS <u>Pleasant Hill, Mo.</u>			

No. 300
10-48

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

57-0

RECEIVED
AUG 19 1957
CLASS ROOM 1
HEALTH DEPARTMENT

AUG 21 1957

YS JUL 20 1960

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 *Raymond D. Stanley*

Licensed Embalmer No. *5008*

P. O. Address *Pleasant Hill*

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.