

Health,
& Welfare
Public
Service

S. 300
r. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED NOV 4 1957

STANDARD CERTIFICATE OF DEATH

35494

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1008-B

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mercy Infirmary			Length of stay in lb 75 yrs.	d. STREET (If outside, give location) ADDRESS 2553 N. Robberson			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Elizabeth Powell				4. DATE OF DEATH October 17, 1957			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 13, 1871		9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 3 Days 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY In Home		11. BIRTHPLACE (City and state or country) Douglas Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME James Davis				14. MOTHER'S MAIDEN NAME Emily K. Davis			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address Springfield Mrs. Josephine Hacklev Missouri			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Arterio Sclerosis							INTERVAL BETWEEN ONSET AND DEATH 7 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) _____
DUE TO (c) _____							DUE TO (c) _____
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"/> 2
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. _____							
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			COUNTY
20g. STATE							
21. I attended the deceased from Sept 3-27 to Oct 17, 1957 and last saw her/him alive on 10-12-57 . Death occurred at 6:55 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deedee or title) J. M. D.				22b. ADDRESS Springfield		22c. DATE SIGNED 10-24-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 19, 1957	23c. NAME OF CEMETERY OR CREMATORY Hazelwood		23d. LOCATION (City, town, or county) (State) Springfield, Missouri		
24. FUNERAL DIRECTOR Dorman Schaffert Home Springfield, Mo.			25. DATE RECD. BY LOCAL REG. 10-29-57		26. REGISTRAR'S SIGNATURE Edith Williams		

(Licensed Embalmer's Statement on Reverse Side)

NOV 4 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 Douglas P. Gorman, Student Embalmer No. 549 working under my personal supervision..

Student Douglas P. Gorman
Signature of Student Embalmer

Signed Lewis G. Schopf

Licensed Embalmer No. 380

P. O. Address Springfield

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.