

Health,  
& Welfare  
Public  
Service

S. 300  
7. 1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39692

FILED DEC 13 1957

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 381

1. PLACE OF DEATH a. COUNTY <u>COLE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JEFFERSON CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Eldon</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospt.</u>			Length of stay in 1b <u>17 da.</u>			d. STREET ADDRESS <u>Rt. 3</u> (If outside, give location) <u>266/</u> Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>HARRY</u> Middle <u>LEE</u> Last <u>POWELL</u>				4. DATE OF DEATH Month <u>Nov.</u> Day <u>30</u> Year <u>1957</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAUCASIAN</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>July 6, 1904</u>		9. AGE (In years last birthday) <u>53</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ELECTRICAL FOREMAN</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Union Electric Co.</u>		11. BIRTHPLACE (City and state or country) <u>Andrain Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>JOSEPH POWELL</u>				14. MOTHER'S MAIDEN NAME <u>GERTRUDE CRAWFORD</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>494-07-2194</u>		17. INFORMANT <u>MRS. CLORA POWELL</u> Address <u>12 Eldon, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Septic Urinemia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>due to pyelonephritis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <u>lungular carcinoma.</u>							INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>
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.) <u>6000H</u>					
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 <u>Eldon</u> COUNTY _____ STATE _____			
21. I attended the deceased from <u>Nov 13/57</u> to <u>Nov 30/57</u> and last saw her <u>Nov 30/57</u> Death occurred at <u>5:00 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Dean A. Taylor M.D.</u> (Degree or title)				22b. ADDRESS <u>Jefferson City</u>		22c. DATE SIGNER <u>12-6-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>DEC. 3, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Eldon</u>		23d. LOCATION (City, town, or county) (State) <u>Eldon Mo.</u>		
24. FUNERAL DIRECTOR <u>Louis D. Phillips</u> ADDRESS <u>Eldon</u>			25. DATE RECD. BY LOCAL REG. <u>3 December 57</u>		26. REGISTRAR'S SIGNATURE <u>R. P. Davis, MD-7R.</u>		

DEC 13 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 *Louis A. Shelly* .....,  
Licensed Embalmer No. *36*

P. O. Address *W. Va.* .....

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.