

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013672  
State File No. ....

FILED APR 28 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Boonville</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>	c. CITY OR TOWN <u>Boonville</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</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>815 Morgan</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EVERETT</u>	b. (Middle) <u>VERNE</u>	c. (Last) <u>POWELL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 19, 1958</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 4, 1913</u>
9. AGE (In years last birthday) <u>45</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 YEAR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Silo Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Breckenridge, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>S. H. Powell</u>	13b. MOTHER'S MAIDEN NAME <u>Jennie I. Ruppert</u>	14. NAME OF HUSBAND OR WIFE <u>Genevieve Powell</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>S. H. Powell Topeka, Kansas</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	DUE TO (c)		
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	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) <u>334X</u>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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>4/17, 1958</u> , to <u>4/19, 1958</u> , that I last saw the deceased alive on <u>4/18, 1958</u> , and that death occurred at <u>12:10 PM</u> , from the causes and on the date stated above.		

23a. SIGNATURE (Degree or title) <u>M. DeGraeve MD</u>	23b. ADDRESS <u>Boonville Mo</u>	23c. DATE SIGNED <u>4/20/58</u>
24a. BURIAL CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Apr. 21/58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Arrow Rock Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Arrow Rock, Missouri</u>

DATE REC'D BY LOCAL REG. <u>4/21/58</u>	REGISTRAR'S SIGNATURE <u>DeHooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>B. W. Shaker Boonville, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0272

0272

FEB 26 1959

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 *Berry W. Fisher*

Licensed Embalmer No. *3944*

P. O. Address *Bonville*

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.