

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022474

STATE FILE NUMBER

FILED JUL 15 1958

Registration District No. 179

Primary Registration District No. 5667

Registrar's No. 140

300  
1-57  
0

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>LINCOLN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>LINCOLN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>BEDFORD</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>ELSBERRY</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>LINCOLN COUNTY</b>		Length of stay in lb <b>WEEK</b>	d. STREET (If outside, give location) ADDRESS <b>415 SOUTH FOURTH</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>CHARLIE ANNA POWELL</b>			4. DATE OF DEATH Month Day Year <b>JULY 2 1958</b>
5. SEX <b>FEMALE 3</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>DEC. 8, 1891</b>
9. AGE (In years last birthday) <b>66</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>PRIVATE HOMES</b>	11. BIRTHPLACE (City and state or country) <b>RFD-ELSBERRY, MO 0</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>GEORGE THOMAS</b>	
13b. MOTHER'S MAIDEN NAME <b>SARAH BOONE</b>		14. NAME OF HUSBAND OR WIFE <b>HOMER POWELL</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. <b>498-18-8175</b>	17. INFORMANT <b>DOROTHY BLAIR</b> Address <b>Elsberry, Mo.</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> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>HYPERTENSION</b> DUE TO (c) <b>ARTERIOSCLEROSIS</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>RUPTURED APPENDIX - SURGERY 6/18/58</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 HOUR</b> <b>2 YRS</b> <b>UNIC</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		COUNTY STATE	
20f. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from <b>6/18/58</b> to <b>7/2/58</b> and last saw her alive on <b>7/2/58</b> Death occurred at <b>10 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Louis P. Kelley, MD</b>		22b. ADDRESS <b>370 E. WOOD, TROY, MO</b>	
22c. DATE SIGNED <b>7/6/58</b>		22d. LOCATION (City, town, or county) (State) <b>ELSBERRY, MO.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>7-5-58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>CITY</b>		23d. LOCATION (City, town, or county) (State) <b>ELSBERRY, MO.</b>	
24. FUNERAL DIRECTOR <b>O. Garland Ricks - Elsberry</b>		25. DATE RECD. BY LOCAL REG. <b>July 9, 1958</b>	
26. REGISTRAR'S SIGNATURE <b>Nell Schoenbein</b> <i>per Charlotte Leek</i>			

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 *Ed Lauterbach* .....

Licensed Embalmer No. *4012* .....  
P. O. Address *Cherry* .....

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.