THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004256

STATE FILE NUMBER

FILED JAN 20 1959 Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY OR TOWN Washington — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION Nevada State Hospital — Length of stay in 1b 34- 5- 7

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Jasper — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS Unknown (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Purl Middle Le Roy Last Powell

4. DATE OF DEATH Month 1- Day 6- Year 1959

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH 6-30- 1898

9. AGE (In years last birthday) 60 — 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) Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph Powell

13b. MOTHER'S MAIDEN NAME Merta A. Magoffin

14. NAME OF HUSBAND OR WIFE Single

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Unknown

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Adm Papers Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Vessel Disease — INTERVAL BETWEEN ONSET AND DEATH Yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Athermatous Sclerosis — Yrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Dementia Precox Simple 4261

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4-25-'55, to 1-6-'59 and last saw him alive on 1-5-'59
Death occurred at 6:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. Allen Pickens M.D. (Degree or title)

22b. ADDRESS Nevada, Mo.

22c. DATE SIGNED 1-6-'59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 1-8-59

23c. NAME OF CEMETERY OR CREMATORY Fairview

23d. LOCATION (City, town, or county) (State) Jasper Co. Mo.

24. FUNERAL DIRECTOR Ashley Funeral Home ADDRESS Carthage

25. DATE RECD. BY LOCAL REG. 1-14-1959

26. REGISTRAR'S SIGNATURE Anna E. Terry

(License Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Doctor, coroner, etc. must use only standard nomenclature in Part I. Symptoms are not a cause of death.

Health, Welfare Public Service

300 -57

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 .....

Licensed Embalmer No. 4955

P. O. Address .....

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.