

Health,
Welfare
Public
Service

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REG.#A233

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004671

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1031

300
1-57

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BUTLER	
b. CITY OR TOWN POPLAR BLUFF (If outside corporate limits, give TOWNSHIP only)* Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN POPLAR BLUFF Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS HOSPITAL		d. STREET ADDRESS (If outside, give location) ROUTE TWO	
Length of stay in 8 YEARS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First AUGUST Middle (NONE) Last POWELL			4. DATE OF DEATH Month FEBRUARY Day 17 Year 1959		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8/15/88	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AUTOMOBILE MECHANIC	10b. KIND OF BUSINESS OR INDUSTRY AUTOMOTIVE	11. BIRTHPLACE (City and state or country) PORTLAND MILLS, PENN.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME ADAM POWELL	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE BLANCHE POWELL
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, MO.
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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 CARCINOMATOSIS.		INTERVAL BETWEEN ONSET AND DEATH Approx. 1 Yr.
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DUE TO (b) ANAPLASTIC ADENOCARCINOMA OF STOMACH.		Approx. 1 Yr.
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1. SEVERE SECONDARY ANEMIA. 2. PROTEINEMIA		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT <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 STATE
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21. I attended the deceased from Feb. 7, 1959 to Feb. 17, 1959 Death occurred at 6:22 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. M. GARDNER, M.D., Actg. Chief, Surg. Svc. VA Hospital, Poplar Bluff, Mo.	22b. ADDRESS VA Hospital, Poplar Bluff, Mo.	22c. DATE SIGNED 2/18/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-19-59	23c. NAME OF CEMETERY OR CREMATORY City Cem.	23d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.
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24. FUNERAL DIRECTOR Frank-Cotrell Poplar Bluff, Mo.	25. DATE REC'D. BY LOCAL REG. 2/28/59	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Charles E. Mungl*

Licensed Embalmer No. *487*

P. O. Address *W. Fla., Fla.*

- 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.