

FILED VS OCT 13 1959

Registration District No. 65 Primary Registration District No. \_\_\_\_\_ Registrar's No. 30

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>TRIPLETT, Mo.</u>		Length of stay in 1b <u>LIFE</u>		c. CITY OR TOWN <u>TRIPLETT</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>LOU</u> Middle <u>-</u> Last <u>POWELL</u>				4. DATE OF DEATH Month <u>10</u> Day <u>-</u> Year <u>1959</u>									
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</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>3-12-1884</u>		9. AGE (last birthday) <u>75</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWORK</u>		11. BIRTHPLACE (City and state or country) <u>TRIPLETT Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>JAMES M. LESTER</u>				13b. MOTHER'S MAIDEN NAME <u>MARIA POORMAN</u>				14. NAME OF HUSBAND OR WIFE <u>CHARLES 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>none</u>		17. INFORMANT <u>POORMAN</u>		Address <u>CHARLES POWELL</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) <u>CORONARY OCCLUSION</u>										<u>INST.</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>CORONARY EMBOLUS</u>										"			
DUE TO (c) _____													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown						
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 15.)									
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		Month, Day, Year _____											
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		COUNTY		STATE				
21. I attended the deceased from <u>July 1954</u> to <u>OCT. 3, 1959</u> and last saw her <u>alive</u> on <u>OCT. 2 1959</u> Death occurred at <u>6:00</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Kenneth L. Pomeroy DO.</u>						22b. ADDRESS <u>TRIPLETT, Mo.</u>			22c. DATE SIGNED <u>10-3-59</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>10-6-1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MCCULLOUGH CEME TRIPLETT, Mo.</u>				23d. LOCATION (City, town, or county) (State) <u>Mo.</u>					
24. FUNERAL DIRECTOR <u>L. C. McLarry Brunswick Mo.</u>					25. DATE RECD. BY LOCAL REG. <u>Oct 5 - 1959</u>		26. REGISTRAR'S SIGNATURE <u>Howe Smith Deputy.</u>						

BY AFFIDAVIT of Kenneth L. Pomeroy DO.

MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *L. E. McCurry*

Licensed Embalmer No. 4806

P. O. Address Brunswick

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.