

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 21 1960

60-002847
STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 4409 Registrar's No. 14

DED

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Newburg Mo</u>		Length of stay in 1b <u>1 day</u>		c. CITY OR TOWN <u>ST. Louis</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) <u>4935 DAGGETT</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Elmer</u> Middle <u>Malcom</u> Last <u>Powell</u>				4. DATE OF DEATH Month <u>JAN</u> Day <u>14</u> Year <u>1960</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>Nov 29-1905</u>		9. AGE (last birthday) <u>54</u>		IF UNDER 1 YEAR Month <u>1</u> Days <u>15</u>		IF UNDER 24 HR Hours <u>15</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WATCHMAN</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Warehouse</u>				11. BIRTHPLACE (City and state or country) <u>Dent County, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>DAVID Powell</u>				13b. MOTHER'S MAIDEN NAME <u>ANNA Housewright</u>				14. NAME OF HUSBAND OR WIFE <u>-</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>				16. SOCIAL SECURITY NO. <u>WWW</u>		17. INFORMANT <u>LULA Wideman</u>		Address <u>ST. Louis Mo</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Possible Coronary Thrombosis</u> DUE TO (b) <u>(Had previous ATTACK 2 mo. ago)</u> DUE TO (c) <u>Seen by coroner SC Null</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>			
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 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 18.)									
20c. TIME OF INJURY Hour <u>*</u> Month, Day, Year <u>Jan 14 1960</u> p.m. <u>*</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 _____ to _____ and last saw her/him alive on _____ Death occurred at <u>Approx. 4 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>Nadene L. Stoll, Local Registrar</u>						22b. ADDRESS <u>1009 Lynwood, Rolla Mo</u>			22c. DATE SIGNED <u>1-15-60</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BORIAL</u>		23b. DATE <u>JAN 16, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Newburg Cemetery Newburg Mo</u>		23d. LOCATION (City, town, or county) (State)							
24. FUNERAL DIRECTOR <u>Lee Johnson Newburg Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Jan. 15, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Nadene L. Stoll</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

728.00 - 02

FEB 9 1960

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 William Lee Strawber

Licensed Embalmer No. 5093

P. O. Address Newburg

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.