RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-010696
STATE FILE NUMBER

FILED VS APR 4 1960

Registration District No. 137 Primary Registration District No. 4215 Registrar's No. 94

1. PLACE OF DEATH
a. COUNTY Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor
Length of stay in 1b: 6 Weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Henry
c. CITY OR TOWN Windsor
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 300 Phelps
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Olive Middle: D. Beyer Last: Powell
4. DATE OF DEATH Month, Day, Year: March 29, 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-6-1894
9. AGE (last birthday): 66
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Petersburg, Virginia
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Henry A. Beyer
13b. MOTHER'S MAIDEN NAME: Laura Eyster
14. NAME OF HUSBAND OR WIFE: Claude T. Powell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 486-07-0606
17. INFORMANT: Claude T. Powell Address: Windsor, Mo.

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) Acute Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH: 2-3 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Retroperitoneal Lymphosarcoma — 5 mos.
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. ☐ Yes ☐ No ☐ Unknown

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 10-21-54 to 3-29-60 and last saw ~~him~~ her alive on 3-29-60
Death occurred at 5:40 A. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Claude M. Thurber (Degree or title) MD
22b. ADDRESS Windsor, Mo.
22c. DATE SIGNED 3/30/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-31-1960
23c. NAME OF CEMETERY OR CREMATORY: Sunny Side Cemetery
23d. LOCATION (City, town, or county) (State): Sw. of Lincoln Benton, Mo.
24. FUNERAL DIRECTOR: Clifford Gouge ADDRESS: Windsor, Mo.
25. DATE RECD. BY LOCAL REG.: Mar 31, 1960
26. REGISTRAR'S SIGNATURE: Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Clifford Gouge

Licensed Embalmer No. ~~Windsor~~

P. O. Address Windsor, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.