URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-023593

STATE FILE NUMBER

FILED VS JUN 28 1960

Registration District No. 56 Primary Registration District No. 2001 Registrar's No. 315

ENDED

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN
Length of stay in 1b: 17 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JASPER
c. CITY OR TOWN JOPLIN
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS 1728 JOPLIN ST. (If outside, give location)
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: VIRGINIA Middle: Last: POWELL
4. DATE OF DEATH Month: JUNE Day: 11, Year: 1960
5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 10-27-1875
9. AGE (last birthday): 84
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: HOME
11. BIRTHPLACE (City and state or country): SAUNDERS COUNTY, NEB.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: PETER McCOY
13b. MOTHER'S MAIDEN NAME: MAY ROGERS
14. NAME OF HUSBAND OR WIFE: GRANT POWELL, DEC'D 1925
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNK
17. INFORMANT: DAUGHTER MRS. EVA TUCKER, Address: 830 KENTUCKY AVE., JOPLIN, 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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arterio sclerotic Heart — ?
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 6-5-60, to 6-11-60 and last saw her alive on 6-11-60
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Beverly M.D. (Degree or title)
22b. ADDRESS Webb City Mo.
22c. DATE SIGNED 6-15-60
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 6-15-60
23c. NAME OF CEMETERY OR CREMATORY: OZARK MEMORIAL PARK,
23d. LOCATION (City, town, or county) (State): JOPLIN, MISSOURI
24. FUNERAL DIRECTOR: STEVE PARKER MORTUARY, ADDRESS: JOPLIN, MO.
25. DATE RECD. BY LOCAL REG.: 6-23-60
26. REGISTRAR'S SIGNATURE: Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

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_____ Signed F. M. Jones

Signature of Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

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