URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 17 1960

-60-038792

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 5578 Registrar's No. 165

AMENDED

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: DUENWEG - Joplin Twp. Length of stay in 1b: 8 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 322 MOWER ST. 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: DUENWEG Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 506 PATTERSON AVE. Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: CHARLES Middle: S. Last: POWELL

4. DATE OF DEATH: Month: OCTOBER Day: 11, Year: 1960

5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-11-1876
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): RETIRED- ENGINEER
10b. KIND OF BUSINESS OR INDUSTRY: BUILDING
11. BIRTHPLACE (City and state or country): WEBSTER COUNTY, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: JOSEPH R. POWELL
13b. MOTHER'S MAIDEN NAME: RENDA CRAIG
14. NAME OF HUSBAND OR WIFE: VERA (ASHENS) POWELL

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: MRS. VERA V. POWELL, Address: 506 PATTERSON, DUENWEG, 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): Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
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 May 1960, to Oct 11- 60 and last saw ~~him~~ alive on 10-10-60
Death occurred at 12:15 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: George Wright (Degree or title) M.D.
22b. ADDRESS: Webb City Mo.
22c. DATE SIGNED: 10-12-60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 10-13-60
23c. NAME OF CEMETERY OR CREMATORY: STERLING CEMETERY
23d. LOCATION (City, town, or county) (State): DUENWEG, MISSOURI

24. FUNERAL DIRECTOR: STEVE PARKER MORTUARY, ADDRESS: JOPLIN, MO.
25. DATE RECD. BY LOCAL REG.: 10-13-60
26. REGISTRAR'S SIGNATURE: Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

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 Harvey E. Amos

Licensed Embalmer No. 446

P. O. Address Joplin

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