ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 3 1 1961

-61-001767
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 62

AMENDED

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
23c	Mount Washington Cemetery	Floral Hills Cemetery	3/8/61

BY AFFIDAVIT OF Funeral Director DOCUMENT

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE — Length of stay in 1b 5 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION INDEP. SAN. & HOSP. — Inside Limits Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN SUGAR CREEK — Inside Limits Yes XX No ☐
d. STREET ADDRESS (If outside, give location) 926 No. HIGH — Reside on Farm Yes ☐ No XX

3. NAME OF DECEASED (Type or print) First CLAUDE Middle POWELL Last
4. DATE OF DEATH Month JANUARY Day 23, Year 1961

5. SEX MALE
6. COLOR OR RACE WHITE
7. Married XX Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 5-23-1905
9. AGE (last birthday) 55 — 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) TURBIN OPERATOR
10b. KIND OF BUSINESS OR INDUSTRY STANDARD OIL CO.
11. BIRTHPLACE (City and state or country) CARROLLTON, MISSOURI
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME WILLIAM D. POWELL
13b. MOTHER'S MAIDEN NAME MAYME ALICE KAY
14. NAME OF HUSBAND OR WIFE GLADYS E. POWELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO.
17. INFORMANT Address Mrs. Gladys E. Powell, 926 No.High, Sugar Cr

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 myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) coronary arteriosclerosis — yrs.
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 1958, to 1/23/61 and last saw ~~her~~ him alive on 1/23/61
Death occurred at 205 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Vance E. Link, MD
22b. ADDRESS 10901 Winner Rd Independence, Mo
22c. DATE SIGNED 1/24/61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 1-26-61
23c. NAME OF CEMETERY OR CREMATORY Mount Washington Cemetery ~~FLORAL HILLS CEMETERY~~
23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.

24. FUNERAL DIRECTOR ADDRESS GEO.C.CARSON & SONS, INDEPENDENCE, MO.
25. DATE RECD. BY LOCAL REG. 1-25-61
26. REGISTRAR'S SIGNATURE James [illegible]

(Licensed Embalmer's Statement on Reverse Side)

FEB 17 1961

FEB 8 1961

FEB 1 1961

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Leroy J. Tyler

Licensed Embalmer No. 4941

P. O. Address Independence

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.