MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-014596
STATE FILE NUMBER

AMENDED

Registration District No. 251 Primary Registration District No. — Registrar's No. 86

FILED MAY 8 1961

1. PLACE OF DEATH
a. COUNTY Nodaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ravenwood - rural
Length of stay in 1b: 53 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Family Home
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Nodaway
c. CITY OR TOWN Ravenwood
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 3 miles east
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: JOSEPH Middle: FREDRICK Last: POWELL
4. DATE OF DEATH Month: 4 Day: 28 Year: 61
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1/18/08
9. AGE (last birthday): 53
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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own account
11. BIRTHPLACE (City and state or country): Ravenwood, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Joseph William Powell
13b. MOTHER'S MAIDEN NAME: Mary Caroline Hawley
14. NAME OF HUSBAND OR WIFE: none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
17. INFORMANT: Mrs. Vilas Risser Address: Ravenwood, 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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary sclerosis — ?
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 —, to 4/28/61 and last saw him alive on not seen
Death occurred at unknown m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. F. Blair (Degree or title) M. D.
22b. ADDRESS Maryville, Missouri
22c. DATE SIGNED 5/2/61
23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE 5/2/61
23c. NAME OF CEMETERY OR CREMATORY: Sweet Home
23d. LOCATION (City, town, or county) (State): Ravenwood, Missouri
24. FUNERAL DIRECTOR ADDRESS: Price Funeral Home, Maryville, Mo.
25. DATE RECD. BY LOCAL REG.: 5-2-61
26. REGISTRAR'S SIGNATURE: Bess Hall

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	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 me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville Mo

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.