

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037661

Registration District No. 182 Primary Registration District No. 5685 Registrar's No. 26

STATE FILE NUMBER

AMENDED

FILED OCT 23 1961

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jackson TWP</u>	Length of stay in 1b <u>8 years</u>	c. CITY OR TOWN <u>Chula R#2</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Chula R#2</u>		d. STREET ADDRESS (If outside, give location) <u>Jackson TWP</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Walter Glenn Powell</u>			4. DATE OF DEATH Month Day Year <u>October 14 1961</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/24/1899</u>	9. AGE (last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>20</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and state or country) <u>Linn County MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Walter Scott Powell</u>		13b. MOTHER'S MAIDEN NAME <u>Cory Peery</u>		14. NAME OF HUSBAND OR WIFE <u>Daisy Powell</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give ✓ dates of service)
No

17. INFORMANT Daisy Powell Address Chula, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Mitral stenosis DUE TO (c) left kidney

INTERVAL BETWEEN ONSET AND DEATH 4 mo.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (b)
Cerebral

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>-</u>
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year <u>-</u>		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>	20f. CITY, TOWN, OR LOCATION <u>-</u>	COUNTY <u>-</u>	STATE <u>-</u>
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21. I attended the deceased from Aug. 29 to Oct. 14-61 and last saw her/him alive on Oct 14 61
Death occurred at 3:40 a.m. 10:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>R.W. Cochran</u>	(Degree or title) <u>and</u>	22b. ADDRESS <u>Brookfield mo</u>	22c. DATE SIGNED <u>10/27/61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10/17/1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hersville Cemetery</u>	23d. LOCATION (City, town, or county) <u>Humphreys MO</u>
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24. FUNERAL DIRECTOR <u>E.J. Robertson Funeral Home</u>	ADDRESS <u>Larab</u>	25. DATE RECD. BY LOCAL REG. <u>10-19-1961</u>	26. REGISTRAR'S SIGNATURE <u>Loyanna M. Mace</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

OCT 23 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 *J. M. Robertson*

Licensed Embalmer No. 9388
P. O. Address Laredo

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.