

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-011958

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 210 Primary Registration District No. _____ Registrar's No. 25

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 3 1962

VS 300
Rev. 4/59

0650

20650,

3

4 0

5 1

6

7 0

8 0

94201

10

11

12 1-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Mercer</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Princeton</u> | | Length of stay in 1b <u>11 days</u> | c. CITY OR TOWN <u>Princeton-Rural</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>Axtell Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED First Middle Last <u>Claud Leon Powell</u> | | | 4. DATE OF DEATH Month Day Year <u>3 26 1962</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>12/23/1897</u> |
| 9. AGE (last birthday) <u>64</u> | | IF UNDER 1 YEAR Months <u>3</u> Days <u>3</u> | IF UNDER 24 HR Hours <u>3</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>grain & stock</u> | 11. BIRTHPLACE (City and state or country) <u>Mercer-County Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Andrew J. Powell</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Eva May Collings</u> | | 14. NAME OF HUSBAND OR WIFE <u>Garnet Powell</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u> | | 16. SOCIAL SECURITY NO. <u></u> | 17. INFORMANT Address <u>Mrs. Garnet Powell-Princeton-Mo. R.F.D. #1</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Septal Myocardial Infarction</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Superimposed on acute Myocardial infarction</u> | | | <u>2 1/2 yrs.</u> |
| DUE TO (c) <u></u> | | | |
| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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.) | |
| 20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> 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> |
| 21. I attended the deceased from <u>April 1959</u> to <u>3-26-62</u> and last saw her/him alive on <u>3-26-62</u> Death occurred at <u>5:45</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Douglas A. Pearce M.D.</u> | | 22b. ADDRESS <u>Princeton, Mo.</u> | 22c. DATE SIGNED <u>3-29-62</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>3/30/1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Princeton Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Princeton-Missouri</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Martin & Axbell Funeral Home-Princeton</u> | | 25. DATE RECEIVED BY LOCAL REG. <u>3-29-62</u> | 26. REGISTRAR'S SIGNATURE <u>Gene Mann</u> |

USE BLACK INK OR TYPEWRITER RIBBON

APR 19 1962

MAY 1 1962

RECEIVED

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 Lyman Ogilby

Licensed Embalmer No. 5020

P. O. Address Princeton-Missouri

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.