

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023962

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 236

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 13 1962

VS 300
Rev. 4/59

1 0648
2 2870

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9 4200

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12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Marion.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Ralls	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal, Missouri.		Length of stay in 1b 2 Yrs	c. CITY OR TOWN Perry, Missouri. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2326 Palmyra Rd.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Perry, Missouri. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Dr William J. Powell.			4. DATE OF DEATH Month June Day 26 Year 1962.
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-12-93
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Osteopath Physician.		10b. KIND OF BUSINESS OR INDUSTRY Physician.	9. AGE (last birthday) 68 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HR: Hours _____ Min. _____
11. BIRTHPLACE (City and state or country) Linn, Co. Missouri.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William B. Powell.		13b. MOTHER'S MAIDEN NAME Mariam V. Moore.	14. NAME OF HUSBAND OR WIFE Anna Laura Powell.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) Yes World War #1		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Mrs Laura Lou Schoonover.
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 DUE TO (b) arteriosclerotic heart disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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 _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 1962 , to 26 June 1962 and last saw her/him alive on 26 June 1962 . Death occurred at: Hannibal 6-26 2:15P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Weyl Hamlin		22b. ADDRESS M.D. Hannibal, Missouri.	22c. DATE SIGNED 6-28-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-29-1962	23c. NAME OF CEMETERY OR CREMATORY Valhalla Mausoleum	23d. LOCATION (City, town, or county) (State) St Louis, Missouri.
24. FUNERAL DIRECTOR ADDRESS Phyllis C. C... Perry, Mo.		25. DATE RECD. BY LOCAL REG. June 28, 1962	26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke by William H. Norman

USE BLACK INK OR TYPEWRITER RIBBON

(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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Alyssa M. Perry*

Licensed Embalmer No. 3820.

P. O. Address Perry, 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.

Permit renewed 6/28/62