

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-033496

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 369 Primary Registration District No. 6249 Registrar's No. 7

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

<p><b>FILED AUG 27 1962</b></p>		<p>1. PLACE OF DEATH a. COUNTY <u>Wayne</u></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Wayne</u></p>	
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Piedmont</u></p>		<p>Length of stay in 1b</p>		<p>c. CITY OR TOWN <u>Piedmont</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>South Highway 34</u></p>		<p>Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		<p>d. STREET ADDRESS (If outside, give location) <u>Highway 34 South</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>Thomas Alfred Powell</u></p>			<p>4. DATE OF DEATH Month Day Year <u>August 15 1962</u></p>		
<p>5. SEX <u>Male</u></p>	<p>6. COLOR OR RACE <u>White</u></p>	<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>1-24-94</u></p>	<p>9. AGE (last birthday) <u>68</u></p>	<p>IF UNDER 1 YEAR IF UNDER 24 HR Months Day Hours Min. <u>6 31</u></p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Tavern Operator</u></p>		<p>11. BIRTHPLACE (City and state or country) <u>Wayne Co. Mo</u></p>	<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>
<p>13a. FATHER'S NAME <u>Alfred Powell</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Helen Riddle</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>Anna Powell</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u></p>		<p>16. SOCIAL SECURITY NO. [Redacted]</p>		<p>17. INFORMANT Address <u>Mrs Anna Powell Piedmont, Mo</u></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Massive coronary occlusion</u> DUE TO (b) <u>generalized arterio-sclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>				<p>INTERVAL BETWEEN ONSET AND DEATH <u>3-5 min</u> <u>20 yr.</u></p>	
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>				<p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>			
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>					
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	<p>20f. CITY, TOWN, OR LOCATION</p>	<p>COUNTY</p>	<p>STATE</p>	
<p>21. I attended the deceased from <u>Aug 15, 1962</u> to <u>Aug 15, 1962</u> and last saw him alive on <u>Aug 15, 1962</u> Death occurred at <u>6:50 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>					
<p>22a. SIGNATURE (Degree or title) <u>[Signature]</u></p>			<p>22b. ADDRESS <u>Piedmont, Mo</u></p>		<p>22c. DATE SIGNED <u>8/16/62</u></p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	<p>23b. DATE <u>8-18-62</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u></p>	<p>23d. LOCATION (City, town, or county) <u>Piedmont</u></p>	<p>(State) <u>Mo.</u></p>	
<p>24. FUNERAL DIRECTOR ADDRESS <u>William Cook Piedmont</u></p>		<p>25. DATE RECD. BY LOCAL REG. <u>8-17-62</u></p>	<p>26. REGISTRAR'S SIGNATURE <u>Sheila Louder</u></p>		

AUG 31 1962

**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 Cedar Funeral Home, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William Foster

Licensed Embalmer No. 3723

P. O. Address Bidmont, 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.