

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-016748

Registration District No. **198** Primary Registration District No. _____ Registrar's No. **23-63** STATE FILE NUMBER

FILED APR 16 1963

DO NOT WRITE ON THIS STUB
AMENDED

1. PLACE OF DEATH a. COUNTY McDONALD		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY McDONALD	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ANDERSON		Length of stay in 1b 17 YRS.	c. CITY OR TOWN ANDERSON Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. #2		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt. #2 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ALBERT Middle C. Last POWELL			4. DATE OF DEATH Month 3 Day 22 Year 1963			
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 2/21/1876	9. AGE (last birthday) 87	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) SWITCHMAN		10b. KIND OF BUSINESS OR INDUSTRY RAILROAD		11. BIRTHPLACE (City and state or country) MORRILTON, ARK.		12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME EDWARD POWELL		13b. MOTHER'S MAIDEN NAME LIZA DUNGAREE		14. NAME OF HUSBAND OR WIFE DECEASED	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi) NO			16. SOCIAL SECURITY NO.		17. INFORMANT EARL C. POWELL - Rt. #2 Anderson, Mo. Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE		2
DUE TO (b) ARTERIOSCLEROSIS		2
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.	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 **MARCH 1962** to **MARCH 1963** and last saw him alive on **MARCH 18, 1963**
Death occurred at **6:00 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. Forehand Denton, M.D.	22b. ADDRESS 201 EAST MAIN, Noel, Mo. 63063	22c. DATE SIGNED Mo. 3-30-63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3/25/63	23c. NAME OF CEMETERY OR CREMATORY MAPLE GROVE CEMETERY
23d. LOCATION (City, town, or county) WICHITA		(State) KANS.

24. FUNERAL DIRECTOR
Downey-Woodard-Mooney - Anderson, Mo. ADDRESS _____

25. DATE RECD. BY LOCAL REG.
APRIL 15, 1963

26. REGISTRAR'S SIGNATURE
Mary C. Bradley

VS 300 Rev. 4/59
b600
3600
3
4 0
5 2
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7 1
8 0
94500
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11
1290-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

JUL 1 1963

APR 18 1968

APR 22 1963

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 Wayne A. Woodard

Licensed Embalmer No. 5172

P. O. Address Neel, 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.

Removal Permit Issued March 22, 1963

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