

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002583

FILED VS FEB 5 1960 224

Registration District No. 224 Primary Registration District No. 5796 Registrar's No. 10

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <b>MONITEAU</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MONITEAU</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>WALKER TWSP.</b>		Length of stay in 1b <b>LIFE</b>	c. CITY OR TOWN <b>WALKER TOWNSHIP</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ROUTE #2 CENTERTOWN 1 Mi. S. SHILOH CHURCH</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>ROUTE #2 CENTERTOWN</b>
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>EARL</b> Middle <b>EDWARD</b> Last <b>POWELL</b>			4. DATE OF DEATH Month <b>JANUARY</b> Day <b>29</b> Year <b>1960</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7-29-1896</b>	9. AGE (last birthday) <b>63</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GEN. FARMING</b>	11. BIRTHPLACE (City and state or country) <b>CENTERTOWN, MO.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	

13a. FATHER'S NAME <b>EDWARD POWELL</b>	13b. MOTHER'S MAIDEN NAME <b>THERESA</b>	14. NAME OF HUSBAND OR WIFE <b>MAE HUTCHINSON</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO.</b>	16. SOCIAL SECURITY NO. <b>495-05-8801</b>	17. INFORMANT Address <b>MRS. MAE POWELL, ROUTE #2 CENTERTOWN, MO.</b>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Coronary Thrombosis**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ 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.  
 Yes  No  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.	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 <b>death when first seen</b> and last saw her <b>84</b> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <b>Kenneth Latham M.D. Coronary</b>	22b. ADDRESS <b>California, MO</b>	22c. DATE SIGNED <b>2-1-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>1/30/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>SHILOH CEMETERY</b>
24. FUNERAL DIRECTOR <b>HUGH WILLIAMS, CALIFORNIA, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>2/1/1960</b>	26. REGISTRAR'S SIGNATURE <b>Allen R. Papey</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

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

Signed

*Russell C. Mac*

Licensed Embalmer No. *4804*

P. O. Address *California*

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.