

FILED NOV 25 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37140

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 252

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Boon Columbia  
(b) City or town Columbia Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 140 S University  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME

THERESA POWELL

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 11 1958  
(Month) (Day) (Year)

8. AGE:

Years 86 Months 9 Days 25 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Moniteau Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

Don't know

MOTHER FATHER { 12. Name

Don't know

13. Birthplace

Mo  
(City, town, or county) (State or foreign country)

14. Maiden name

Don't know

15. Birthplace

Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant

L. H. Wegener

(b) Address

Woodlandville

17. (a)

California Mo (b) Date thereof 10-5-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

California Mo

18. (a) Signature of funeral director

W. Williams

(b) Address

California Mo

19. (a)

10-6-46 (Date received local registrar)

(b) E. Anne H. Barber (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone 10  
(c) City or town Woodlandville  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5th year 1944 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from Sept 27, 1944, to October 5, 1944 that I last saw her alive on October 5, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral hemorrhage

Due to Hypertension +

benign vascular

Due to sclerotic degeneration

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_

(Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Geo. H. Branson M.D. Date signed 10-6-46  
Address 1408 Sumner Ave

1250

(Licensed Embalmer's Statement on Reverse Side)

Columbia Mo

RECEIVED  
District Health Officer No. 9  
District File Number \_\_\_\_\_  
Date Filed 11-22-44

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 \_\_\_\_\_, Registered Apprentice No. 3537 working under my personal supervision.

Signed Hugh E. Williams  
Licensed Embalmer No. 3537

P. O. Address \_\_\_\_\_

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 this body is not embalmed, fact should be so stated above.