

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 5212

984

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|--|--|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. LENGTH OF STAY (In this place) <u>25 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | d. STREET ADDRESS (If rural, give location) <u>229 Ward Parkway</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>229 Ward Parkway</u> | | | | d. STREET ADDRESS (If rural, give location) <u>229 Ward Parkway</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Jerry</u> b. (Middle) <u>S.</u> c. (Last) <u>Powers</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3 - 1 - 52</u> | | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>7-27-93</u> | | |
| 9. AGE (In years last birthday) <u>58</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 1 MRS. Hours _____ Mts. _____ | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance Agent</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Insurance</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Ohio</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Frederick Powers</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Carrie Hess</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Selma Powers</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes #1</u> | | | 16. SOCIAL SECURITY NO. <u>—</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Selma Powers 229 Ward Pkway</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u> | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | |
| 22. I hereby certify that I attended the deceased from <u>Feb</u> 19 <u>52</u> , to <u>March</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>March 1</u> , 19 <u>52</u> , and that death occurred at <u>6 A.</u> m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>Jack W. Wolf MD</u> (Degree or title) | | | | 23b. ADDRESS <u>206 Angelle Bldg Kansas City Mo</u> | | 23c. DATE SIGNED <u>March 1, 1952</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>3/3/52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>3-1-52</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Stine & Mc Clure</u> | | ADDRESS <u>Kansas City, Mo.</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

Pl. York City
206 Angelya Body

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
Student Embalmer

Signed



Licensed Embalmer No. 1415

P. O. Address 12 E My

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.