

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

FILED APR 27 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 460

117  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mound City - RURAL 0440</u>	
c. LENGTH OF STAY (In this place) <u>24-10 1/2-12 1/2</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital no 2</u>			

3. NAME OF DECEASED (Type or Print) <u>Joe.</u>		a. (First) <u>Joe.</u> b. (Middle) _____ c. (Last) <u>Powers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 18, 1953</u>	
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>March 2, 1875</u>		9. AGE (In years last birthday) <u>78</u> - <u>1</u> <u>12</u> MONTHS <u>12</u> HOURS <u>12</u> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fisherman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Dependent on O.A.A.</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>not given</u>		13b. MOTHER'S MAIDEN NAME <u>not given</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>County Hall Office Mound City, Mo</u>		ADDRESS <u>Mo</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		DUE TO (b) <u>Arterio Sclerosis</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Jan 1, 1953, to April 18, 1953, that I last saw the deceased alive on April 18, 1953, and that death occurred at 7:35 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Forrest Thomas M.D.</u>		23b. ADDRESS <u>112 South 1st St. State Hosp. no 2</u>		23c. DATE SIGNED <u>4/18-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-21-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mound City, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>April 20, 1953</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>John W. Crawford</u>		ADDRESS <u>Mound City, Mo.</u>	
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**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 *James A. Crawford* .....

Licensed Embalmer No. *4796* .....

P. O. Address *Mound City, 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 this body is not embalmed, fact should be so stated above.