FILED JUL 8 1954

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19971

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 71

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Waynesville
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pulaski
c. CITY OR TOWN: Richland
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 0850 0

3. NAME OF DECEASED (Type or Print)
a. (First): Benjamin
b. (Middle): Alfred
c. (Last): Powers

4. DATE OF DEATH (Month) (Day) (Year): June 30, 1954

5. SEX: M
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 22, 1875
9. AGE (In years last birthday): 78 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): LaQuey, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James P. Powers
13b. MOTHER'S MAIDEN NAME: Nancy A. Bartlett
14. NAME OF HUSBAND OR WIFE: Ellen Bible

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Irene Schell Lees — **ADDRESS**: Summitt, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory collapse — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Automobile accident
DUE TO (c) Fractured pelvis, ~~left~~ right shoulder, contusion right chest

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Severe generalized arteriosclerosis — E8304 25

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): At Home
21c. (CITY, TOWN, OR TOWNSHIP): Waynesville — **(COUNTY)**: Pulaski — **(STATE)**: Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 30 1954 10:Am.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Brakes Released on Parked Car - Rolled into Deceased

22. I hereby certify that I attended the deceased from 1952, to 1954, 19__ that I last saw the deceased alive on June 30, 1954 and that death occurred at 1:30 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): R. E. Musser M.D.
23b. ADDRESS: Waynesville, Mo
23c. DATE SIGNED: July 3 54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/2/54
24c. NAME OF CEMETERY OR CREMATORY: Oaklawn
24d. LOCATION (City, town, or county) (State): Richland, Mo.

DATE REC'D BY LOCAL REG.: 7-3-54
REGISTRAR'S SIGNATURE: Eula McCollum 458
25. FUNERAL DIRECTOR'S SIGNATURE: Hodges Funeral Homes Inc
ADDRESS: Iberia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-3-54
Douglas County Health Officer
File Number
Date Filed 7-3-54

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Walter P. Hedges

Licensed Embalmer No. 426

P. O. Address Herndon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.