

FILED JAN 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2475

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3028 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kentucky</u> b. COUNTY <u>McCracken</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Charles</u>		c. LENGTH OF STAY (In this place) <u>D.O.A.</u>	c. CITY OR TOWN <u>Paducah</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CORONA</u>		b. (Middle) <u>ANN</u>	c. (Last) <u>POWERS</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 18 1956</u>		5. SEX <u>Female</u>	

6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Jan. 12, 1932</u>	9. AGE (In years last birthday) <u>24</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>6</u>	IF UNDER 24 HRS. Hours <u>6</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Counsellor for Young People-1st Christian Ch. Paducah, Ky.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Sedalia, Mo.</u>	
13a. FATHER'S NAME <u>Clifford C. Powers</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Brewer</u>		14. NAME OF HUSBAND OR WIFE <u>-----</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. A.J. Droege-276 Mayfair Dr.</u> ADDRESS <u>Columbus, Ohio.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal Injuries</u>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Automobile accident</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)		
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)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from held an inquest January 18, 1956, 1956, that I last saw the deceased alive on Jan 10, 1956, and that death occurred at 10:30 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ann Murchany, Coroner</u>	23b. ADDRESS <u>Wentzville, Mo</u>	23c. DATE SIGNED <u>1/19/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal (Mtr)</u>	24b. DATE <u>Jan. 21, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brush Creek Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Gray Summit, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>Jan 23 1956</u>	REGISTRAR'S SIGNATURE <u>Francie Hamilton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u>	ADDRESS <u>4228 S. Kingshighway Bl.</u>
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St Louis Mo.

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

JAN 31 1959

MAR 7 1957

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.....
Signature of Student Embalmer

Signed..... *Julius J. Nieburg*

Licensed Embalmer No. *336*

P. O. Address *Wright city*

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.