

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12355

FILED MAY 31 1956

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5987 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u> <u>10850</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Union</u> /		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Rural Union</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>Thompson</u>	c. (Last) <u>Powers</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>5</u> <u>18</u> <u>1956</u>

5. SEX <u>Male</u> <input checked="" type="checkbox"/>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>2/25/1872</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>23</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Marion County, Missouri</u> <input checked="" type="checkbox"/>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>James Thompson Powers</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Westlake</u>	14. NAME OF HUSBAND OR WIFE <u>Sadie Powers</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>X</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John Powers, Dixon, Missouri</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hepatic Carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7</u> <u>years.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Diverticulosis</u>		
	II: OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Cardiac degeneration</u> <u>Arteriosclerotic Heart disease</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>1561</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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3-10, 1956, to May 18, 1956, that I last saw the deceased alive on May 15, 1956, and that death occurred at 8:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. W. Michigan, D.O.</u>	23b. ADDRESS <u>Dixon, Mo</u>	23c. DATE SIGNED <u>21 May '56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/20/1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Powers Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Marion County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>5-21-56</u>	REGISTRAR'S SIGNATURE <u>Paula Jean Anderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred H. Gilbert, Dixon, Missouri</u>	ADDRESS
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(Licensed Emballer's Statement on Reverse Side)

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

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RECEIVED 5-21-56
Pulaski County Health Officer
File Number 5-26-56
Date Filed 5-26-56

FEB 19 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 *Maurice E. Schierb*

Licensed Embalmer No. 45

P. O. Address Dixon, Miss

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