

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26382

FILED AUG 20 1956

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>242</u>		
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY OR TOWN <u>Richland</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Charles E. Still Osteopathic Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>03701</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Grace</u> b. (Middle) <u>Edith</u> c. (Last) <u>Powers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 17, 1956</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 15, 1894</u>		
9. AGE (In years - last birthday) <u>63</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 WKS. Hours _____ Mins. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jim Lovell</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Ledbetter</u>			14. NAME OF HUSBAND OR WIFE <u>Vol Powers</u>		
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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Vol Powers, Richland, Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Exsanguination Due to Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Slipping of ligature of Cystic artery</u> DUE TO (c) <u>Chronic Cholecystitis &amp; lithiasis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>584X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>14 hrs</u> <u>15 hrs</u> <u>UNKNOWN</u>	
19a. DATE OF OPERATION <u>Aug 16-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cholecystitis - lithiasis &amp; Common Duct Obstruction</u>					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) m.		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>Aug 14, 1956</u> , to <u>Aug 17, 1956</u> , that I last saw the deceased alive on <u>Aug 17, 1956</u> , and that death occurred at <u>7:45 AM.</u> , from the causes and on the date stated above.								
23. SIGNATURE (Deputy or not) <u>Edw. E. Robinson</u>				23b. ADDRESS <u>Hallersan City MO</u>		23c. DATE SIGNED <u>Aug 17-56</u>		
24a. BURIAL OR CREMATION (Specify) <u>Burial</u>		24b. DATE <u>8/19/56</u>		24c. NAME OF CEMETERY OR CRANATORY <u>Edwema Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Richland, Missouri Rural</u>		
DATE REC'D BY LOCAL REG. <u>17 Aug 1956</u>		REGISTRAR'S SIGNATURE <u>R. G. Harris MD MR</u>		25. JUDICIAL DEPARTMENT'S SIGNATURE AND ADDRESS <u>Hedges Funeral Home Richland, Mo</u>				

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

AUG 22 1956

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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.....  
Signature of Student Embalmer

Signed *Lowell C. Craig*.....

Licensed Embalmer No... *4764*

P. O. Address *Greenville, S.C.*

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.