

FILED FEB 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2117

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Neosho b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) Neosho		c. LENGTH OF STAY (in this place) 1 yr.	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 Sale Memorial Hospital		e. STREET ADDRESS (If rural, give location) 303 E. Spring St. 013²e	

3. NAME OF DECEASED (Type or Print) a. (First) Velma	b. (Middle) L.	c. (Last) Powers	4. DATE OF DEATH (Month) (Day) (Year) Jan. 27, 1957
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 7, 1902	9. AGE (In years last birthday) (Month) (Day) (Hour) (Min.) 54 9 20
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister	10b. KIND OF BUSINESS OR INDUSTRY Clergy	11. BIRTHPLACE (City and State or Foreign Country) Anderson, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Hervey A. Powers
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hervey A. Powers Neosho, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 YEAR
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHR. INTERSTITIAL NEPHRITIS		
	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 592x	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 **JAN 19 56**, to **27 JAN 1957**, that I last saw the deceased alive on **26 JAN 1957**, and that death occurred at **1:30a** m., from the causes and on the date stated above.

23a. SIGNATURE M. D. [Signature]	23b. ADDRESS Neosho Mo	23c. DATE SIGNED 1 Feb 57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-29-57	24c. NAME OF CEMETERY OR CREMATORY Banner Cemetery	24d. LOCATION (City; town, or county) (State) McDonald County, Mo.
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DATE REC'D BY LOCAL REG. 1-31-57	REGISTRAR'S SIGNATURE Melvin C Bowman MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clark Funeral Home Neosho, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

23
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RECEIVED

District Health Officer No. Newton

District File Number 157-30

Date Filed FEB 8 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..... Cecilia Howell

Licensed Embalmer No. 3590

P. O. Address Joplin

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.