

FILED NOV 18 1957

STANDARD CERTIFICATE OF DEATH

State File No. **40877**

BIRTH NO. _____		REG. DIST. NO. 163		PRIMARY REG. DIST. NO. 3031		Registrar's No. 54	
1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY JEFF. 1			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN De Soto		c. LENGTH OF STAY (in this place) 66 YRS		c. CITY OR TOWN De Soto		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 0-2	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3RD + COLLEGE STS.				e. STREET ADDRESS (If rural, give location) 3RD + COLLEGE STS.			
3. NAME OF DECEASED (Type or Print) a. (First) DANIEL b. (Middle) LEE c. (Last) POWERS			4. DATE OF DEATH (Month) (Day) (Year) OCT. 31 1957				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 6 1892		9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBER		10b. KIND OF BUSINESS OR INDUSTRY BARBER SHOP		11. BIRTHPLACE (City and State or Foreign Country) De Soto Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN POWERS		13b. MOTHER'S MAIDEN NAME EMMA TORRENCE		14. NAME OF HUSBAND OR WIFE LILLIE POWERS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) YES W.W.I		16. SOCIAL SECURITY NO. 487-38-9615		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LILLIE POWERS De Soto 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic heart disease with mitral stenosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 30 years +	
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 410X				20. AUTOPSY? 2 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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May , 19 57 , to Oct 31 , 19 57 , that I last saw the deceased alive on Oct 29 , 19 57 , and that death occurred at 12:30 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Thomas A. Donnell M.D.				23b. ADDRESS De Soto Mo.		23c. DATE SIGNED Nov. 2 1957	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE NOV. 3 1957	24c. NAME OF CEMETERY OR CREMATORY CALVARY		24d. LOCATION (City, town, or county) (State) De Soto Mo.		
DATE REC'D BY LOCAL REG. 11-4-57		REGISTRAR'S SIGNATURE Marie Harris		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Donnell B. ... De Soto Mo.			

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

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JEFFERSON COUNTY HEALTH DEPT.

HILLSBORO, MISSOURI

DATE RECEIVED

NOV 8 1957
NOV 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..... *Donnell B. Duster*

Licensed Embalmer No. *4104*

P. O. Address *Dalto Mo*

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.