

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036999

FILED VS NOV 2 1959

STATE FILE NUMBER

Registration District No. 246 Primary Registration District No. 5835 Registrar's No. 512

ENDED

1. PLACE OF DEATH a. COUNTY Newton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper								
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin R. R. #2		Length of stay in 1b Lifetime		c. CITY OR TOWN Rural Joplin		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R. R. #2, Box 276			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R.R.#2, box 276		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) GROVER POWERS				4. DATE OF DEATH October 21, 1959								
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4-3-1893		9. AGE (last birthday) 66		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maker			10b. KIND OF BUSINESS OR INDUSTRY Carpentry			11. BIRTHPLACE (City and state or country) Saginaw, Missouri			12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Franklin Powers				13b. MOTHER'S MAIDEN NAME Lillie Smith				14. NAME OF HUSBAND OR WIFE Lena Powers				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. None				16. SOCIAL SECURITY NO. 500-09-2841		17. INFORMANT Cecil Powers, Joplin, Missouri				Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolism DUE TO (b) Pulmonary carcinoma DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH instant				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)								
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year												
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE	
21. I attended the deceased from 10-21-59 to 10-21-59 and last saw ^{her} him alive on 10-21-59 Death occurred at 8:15 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE Donald P. Patterson (Degree or title)						22b. ADDRESS 2509 Jackson Joplin			22c. DATE SIGNED 11-24-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-24-59		23c. NAME OF CEMETERY OR CREMATORY Saginaw Cemetery			23d. LOCATION (City, town, or county) (State) Newton County, Missouri					
24. FUNERAL DIRECTOR Thornhill-Dillon Mortuary, Joplin, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. 10-28-1959		26. REGISTRAR'S SIGNATURE Dove Merriam				

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.