URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 3 1960

-60-006497

880 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1007 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b: 1 Day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lakeside Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Blue Springs
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 3mi North 1mi West
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Billie Middle Marie Last Powers
4. DATE OF DEATH: Month Feb Day 11 Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12/5/1955
9. AGE (last birthday): 4
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and state or country): Wichita Kans.
12. CITIZEN OF WHAT COUNTRY: U S A.
13a. FATHER'S NAME: William R. Powers
13b. MOTHER'S MAIDEN NAME: Betty Jo Scarbourgh
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Betty Jo Scarbourgh Address: Blue Springs Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Embarressment of Cardiac & Respiratory Centers	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebal Edema & Hyperemia	9 Hours
DUE TO (c)	Post Influenza Encephelitis	1 Week

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Feb 4 1960, to Feb 11, 1960 and last saw her alive on Feb 11 1960
Death occurred at 4:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James H. Via (Degree or title) DO
22b. ADDRESS Blue Springs Mo
22c. DATE SIGNED 2-12-60

BY AFFIDAVIT OF James H. Via

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 2/12/1960
23c. NAME OF CEMETERY OR CREMATORY Blue Springs Cem
23d. LOCATION (City, town, or county) Blue Springs (State) Mo
24. FUNERAL DIRECTOR Webb Funeral Home ADDRESS Blue Springs Mo
25. DATE RECD. BY LOCAL REG. 2-13-60
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

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 _____ Signed John R. Sidn

Signature of Student Embalmer

Licensed Embalmer No. 453

P. O. Address Kansas Ci

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