

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13875

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5804 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <b>MONROE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL - JACKSON TWP</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL - JACKSON TWP</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RT. 2, PARIS.</b>		d. STREET ADDRESS (If rural, give location) <b>RT 2, PARIS 0690</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>EDWARD</b> c. (Last) <b>POWER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>APR. 26, 1950.</b>		
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>APR. 22, 1869</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>4</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARM OWNER</b>		11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>BENJ. POWER</b>		13b. MOTHER'S MAIDEN NAME <b>LIDA BOYD</b>		14. NAME OF HUSBAND OR WIFE <b>GLENORA POWER</b>	
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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) <b>NO.</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. W.E. POWER</b>		ADDRESS <b>PARIS, MO.</b>	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral meningitis</b> INTERVAL BETWEEN ONSET AND DEATH <b>162</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral atrophy - Sclerosis</b> DUE TO (c) <b></b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4201</b>			
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **April 26, 1950** to **April 26, 1950**, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **12 Noon.**, from the causes and on the date stated above.

23a. SIGNATURE <b>M.D. M. D.</b>		23b. ADDRESS <b>PARIS, MO.</b>		23c. DATE SIGNED <b>4-27-50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>4-28-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CEDAR GROVE</b>		24d. LOCATION (City, town, or county) (State) <b>MONROE CO. MO</b>	
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DATE REC'D BY LOCAL REG. <b>4-27-50</b>		REGISTRAR'S SIGNATURE <b>F. A. Barnett, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>M. D. Speed &amp; Blakey</b>		ADDRESS <b>PARIS, MO.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3690

RECEIVED MAY 1 1950  
District Health Officer No. 10  
District File Number.....  
Date Filed .....

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.

Signed..... *E. J. Rogers* .....

Licensed Embalmer No. 4000 .....

P. O. Address Paris, Missouri .....

Signed.....  
Student Embalmer

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 this body is not embalmed, fact should be so stated above.