

103-2824 St.
FILED OCT 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32992

State File No.

BIRTH NO. REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 3013 Registrar's No. 69

0241

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

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>North Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>North Kansas City</u> <u>0241</u>	
c. LENGTH OF STAY (In this place) <u>3 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>2017 Clay</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2017 Clay</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>Powers</u> c. (Last) <u>Powers</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 18 50</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 22, 1889</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>26</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Field Engr.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Purity Bakery</u>	11. BIRTHPLACE (State or foreign country) <u>Marshalltown, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Edward Powers</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ponds</u>	14. NAME OF HUSBAND OR WIFE <u>Gertrude Powers</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>487-01-7789</u>	17. INFORMANT'S SIGNATURE OR NAME - ADDRESS <u>Mrs. Gertrude Powers 2017 Clay N. K. C.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery heart disease</u> DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive cardio-vascular disease</u>		3 yrs <u>4 1/2</u> <u>4 3/4</u>	

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) (Min.)	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 Juni 1950, to Oct 18, 1950, that I last saw the deceased alive on 1 Oct, 1950, and that death occurred at 4 1/2 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Geordie Kitchener</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>2025 Swift</u>	23c. DATE SIGNED <u>10-20-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-20-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Liberty, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10-20-50</u>	REGISTRAR'S SIGNATURE <u>Beulah Kitchener</u>	63	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Newcomers Sons</u>	ADDRESS <u>North Kansas City, Mo.</u>
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NOV 16 1950

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.....

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working under my personal supervision.

Student Embalmer No. 393

Signed John V. Henrich, Jr.
Student Embalmer

Signed Glen H. Hill

Licensed Embalmer No. 4586

P. O. Address Camdale, 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 this body is not embalmed, fact should be so stated above.