

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5632

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 696-9 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY PLATTE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY PLATTE	
b. CITY (If outside corporate limits, write RURAL and give township) TOWNRURAL		c. CITY (If outside corporate limits, write RURAL and give township) TOWNRURAL	
c. LENGTH OF STAY (in this place) 10 YRS		d. STREET ADDRESS (If rural, give location) 4 MILES NORTH OF PLATTE CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME			
3. NAME OF DECEASED a. (First) MARY		b. (Middle) BELL	
		c. (Last) POWER	
4. DATE OF DEATH FEB. 3 1951			
5. SEX FE	6. COLOR OR RACE WH	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCT. 18, 1861
9. AGE (In years last birthday) 89		IF UNDER 1 YEAR Months 3	IF UNDER 4 HRS. Days 16 Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN-HOME	11. BIRTHPLACE (State or foreign country) MISSOURI
		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JACKSON HEATH		13b. MOTHER'S MAIDEN NAME BETTY JANE FRAZIER	
		14. NAME OF HUSBAND OR WIFE WARREN POWERS (DECEASED)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
		17. INFORMANT'S SIGNATURE OR NAME NORMAN POWERS	
		ADDRESS PLATTE CITY, MO. RFD	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHOPNEUMONIA, ANTECEDENT CAUSES CARDIO-VASCULAR Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) RENAL DISEASE. DUE TO (c) GENERALIZED ARTERIOSCLEROSIS	
		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	
20. AUTOPSY? 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 Jan 19 1951 , to Feb 3, 1951 , that I last saw the deceased alive on Feb 3, 1951 , and that death occurred at 9:45 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Norman Powers M.D.		23b. ADDRESS Platte City, Mo	
		23c. DATE SIGNED 2/4/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB. 6, 1951	
		24c. NAME OF CEMETERY OR CREMATORY Smith Cemetery, EM.	
		24d. LOCATION (City, town, or county) (State) Platte County MISSOURI	
DATE REC'D BY LOCAL REG. Feb 6-6-1		REGISTRAR'S SIGNATURE 257 Phyllis Rollins	
		25. FUNERAL DIRECTOR'S SIGNATURE McCOMAS FUNERAL HOME	
		ADDRESS SMITHVILLE, MO.	

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

0830

0839



OCT 24 1961

MAR 28 1958

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
Student Embalmer

Signed Ronald W. Hanks.....

Licensed Embalmer No. 4528.....

P. O. Address Smithville, Missouri.....

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.