

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **23353**

FILED JUL 2-1952

BIRTH NO. _____ REG. DIST. NO. **339** PRIMARY REG. DIST. NO. **6150** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural New London unknown		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural New Lisbon Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) near Advance 1030	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Washington c. (Last) Powers			4. DATE OF DEATH (Month) (Day) (Year) April 28, 1952		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH July 24, 1875		9. AGE (In years last birthday) 76		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Oliver County, Tenn	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Henry Powers		13b. MOTHER'S MAIDEN NAME Manda Powers		14. NAME OF HUSBAND OR WIFE Nebraska Stratton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Tree Powers Advance Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		gradually	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____ DUE TO (c) _____	

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) _____ m.		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 April 26, 1952, to April 28, 1952, that I last saw the deceased alive on April 26, 1952, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE E. C. Masters (Degree or title) D.O.		23b. ADDRESS Advance Mo.		23c. DATE SIGNED 4/30/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 30, 1952		24c. NAME OF CEMETERY OR CREMATORY New Malden Cemetery Malden, Missouri	
24d. LOCATION (City, town, or county) (State) _____		DATE REC'D BY LOCAL REG. 6-16-52		REGISTRAR'S SIGNATURE Floyd Morgan 358	
25. FUNERAL DIRECTOR'S SIGNATURE Lloyd S. Morgan		ADDRESS Advance Mo.			

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

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 _____

William H. Morgan

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

William H. Morgan

Licensed Embalmer No. _____

4640

P. O. Address _____

Advance, 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.