

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

35323

State File No.

FILED NOV 14 1952

BIRTH NO.		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>432</u>		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. LENGTH OF STAY (in this place) 5wks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Blue		0480		
d. FULL NAME OF HOSPITAL OR INSTITUTION Indep. San & Hosp.				d. STREET ADDRESS (If rural, give location) 1611 Morgan St				
3. NAME OF DECEASED (Type or Print) a. (First) MR. RICHARD			b. (Middle) MATTHEWS		c. (Last) POWERS		4. DATE OF DEATH (Month) (Day) (Year) Oct. 27, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 18, 1874		9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Jackson County Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Patrick Powers			13b. MOTHER'S MAIDEN NAME Mary Ann Davenport		14. NAME OF HUSBAND OR WIFE Mrs Josie Powers			
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. 489-30-6340		17. INFORMANT'S SIGNATURE OR NAME Mrs Josie Powers ADDRESS Indep. 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) heber Pneumonia	II. OTHER SIGNIFICANT CONDITIONS General arteriosclerosis							
*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							
	DUE TO (b) Intestinal Obstruction							
	DUE TO (c) Valvular of ileum							
	Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION Oct 5, 1952		19b. MAJOR FINDINGS OF OPERATION acute gangrenous bowel				5703		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>October 19, 1951</u> , to <u>October 27, 1952</u> , that I last saw the deceased alive on <u>Oct 27, 1952</u> , and that death occurred at <u>3:00 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE E. J. Holton M.D. (Degree or title)				23b. ADDRESS 310 S Main Independence Mo		23c. DATE SIGNED 10/28/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 30, 1952	24c. NAME OF CEMETERY OR CREMATORY St. Marys Cem		24d. LOCATION (City, town, or county) (State) Indep. Mo.			
DATE REC'D BY LOCAL REG. Oct. 30-52		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Indep. Mo.				

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

