

NOV 3 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35741

BIRTH NO. REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4339 Registrar's No. 62

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>PARIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PARIS</b>	
c. LENGTH OF STAY (In this place) <b>10 DAYS</b>		d. STREET ADDRESS (If rural, give location) <b>W. MONROE ST.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HOWELL REST HOME</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JOHN</b>	b. (Middle) <b>CROW</b>	c. (Last) <b>POWER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 27, 1952</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>WIDOWED</b>	8. DATE OF BIRTH <b>JULY 17, 1872</b>	9. AGE (In years last birthday) <b>80</b>	10. MONTHS <b>3</b>	11. DAYS <b>10</b>	12. HOURS <b>10</b>	13. MIN. <b>10</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>GENERAL FARMING</b>	11. BIRTHPLACE (City and 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>BENT POWER</b>	13b. MOTHER'S MAIDEN NAME <b>ELIZABETH BOYD</b>	14. NAME OF HUSBAND OR WIFE <b>MAGGIE T. 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>✓</b>	17. INFORMANT'S SIGNATURE OR NAME <b>ENGENE 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>49 HRS</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b>		
	DUE TO (c)		
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 <b>331X</b>	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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **10-25, 1952** to **10-27, 1952** that I last saw the deceased alive on **10-27, 1952**, and that death occurred at **3:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Wm. H. Reynolds M.D.</b> (Degree or title)	23b. ADDRESS <b>PARIS, MO.</b>	23c. DATE SIGNED <b>10-28-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>10-29-52</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 REGISTRAR'S SIGNATURE <b>10-28-52</b> <b>A. R. Barnett, M.D.</b>	435- <b>U</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Speed Blaney</b>	ADDRESS <b>PARIS, MISSOURI</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1690  
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**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 \_\_\_\_\_

Licensed Embalmer No. 4000

P. O. Address. PARIS, 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.