

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42111**

BIRTH NO. **FILED DEC 22 1952** REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4218** Registrar's No. **60**

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

1. PLACE OF DEATH a. COUNTY <b>Henry,</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Windsor, Mo.</b>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>R.F.D. Windsor, Mo.</b>		0510
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence.</b>			d. STREET ADDRESS (If rural, give location) <b>Rural.</b>		
3. NAME OF DECEASED (Type or Print) <b>Jessie Dixon Powers,</b>			a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH <b>Nov. 24th. 1952</b>			(Month)	(Day)	(Year)
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Jan. 25th. 1898</b>	9. AGE (in years last birthday) <b>74</b>	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>home making</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Will County, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William Blogg,</b>		13b. MOTHER'S MAIDEN NAME <b>Harriet Dixon,</b>		14. NAME OF HUSBAND OR WIFE <b>Frank G. Powers,</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>William Powers, Windsor, Mo.</b> ADDRESS			
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, athenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Psychosis</b>					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: <b>493X</b>				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 <b>11-21-52</b> , 19____, to <b>11-24-</b> , 1952, that I last saw the deceased alive on <b>11-24-</b> , 1952, and that death occurred at <b>3 P. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Loch Windsor</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>Windsor, Missouri</b>		23c. DATE SIGNED <b>11-26-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11-26-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Warrensburg, Missouri</b>		
DATE REC'D BY LOCAL REG <b>Nov-26-52</b>	REGISTRAR'S SIGNATURE <b>Florence Adair</b>	44-2-23	25. FUNERAL DIRECTOR'S SIGNATURE <b>W.B. Saunders</b> ADDRESS <b>Warrensburg, Mo.</b>		

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 John

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed R. B. Bauninger

Licensed Embalmer No. 3377

P. O. Address Warrenburg, 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.