

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25094**  
**3262**

FILED JUL 17 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS City</b>	
c. LENGTH OF STAY (in this place) <b>10 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>309 GARFIELD</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>309 GARFIELD CONV. HOME</b>			

3. NAME OF DECEASED (Type or Print) <b>Beulah Powers</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>6-26-53</b>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>7-3-1880</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HAND FINISHER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retail Clothing</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>CONWAY, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>"Unknown" Reece</b>	13b. MOTHER'S MAIDEN NAME <b>CLARISSA Knight</b>	14. NAME OF HUSBAND OR WIFE <b>MARTIN Powers</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 ADDRESS <b>MRS. Agnes Moorehead, 3002 Michigan, K.C. 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>None</b>  <b>10 yrs</b> <b>4200</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Arteriosclerosis</b> DUE TO (c) <b>Heart Disease</b>		
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"/>
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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)
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 June 22, 1953, to June 26, 1953, that I last saw the deceased alive on 6/26, 1953 and that death occurred at 12:00 pm., from the causes and on the date stated above.

23a. SIGNATURE <b>Florence E. Mac Innis</b> (Degree or title)	23b. ADDRESS <b>MD 618 Prof. Bldg.</b>	23c. DATE SIGNED <b>6/27/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>6-29-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS City, MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>6-27-53</b>	REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>B. E. Weilert, KANSAS City, Mo.</b>
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Vern Lawler*

Licensed Embalmer No. 4915

P. O. Address 6900 Troost

**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.