

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38064**

FILED NOV 3 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **353** PRIMARY REG. DIST. NO. **6196** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY <b>Texas</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Texas</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural - Sherrell</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural - Sherrell</b>	
c. LENGTH OF STAY (in this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>South of Rocking MO</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Leola</b> b. (Middle) <b>Virginia</b> c. (Last) <b>Power</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 22, 53</b>		
5. SEX <b>F</b>		6. COLOR OF RACE <b>w</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>6-18-1918</b>			9. AGE (In years last birthday) Months Days <b>35</b>		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Prescott Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Albert Ritz</b>			13b. MOTHER'S MAIDEN NAME <b>Minnie Hicks</b>		14. NAME OF HUSBAND OR WIFE <b>Jim Power</b>		

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.		17. INFORMANT'S SIGNATURE OR NAME <b>Albert Ritz</b>		ADDRESS	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>cardiac arrest</b>  ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>myocardial infarction</b> DUE TO (c) <b>coronary occlusion</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>2 or 3 hours</b>	
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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) <b>4201</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 **Oct 8, 1953**, to **Oct 21, 1953**, that I last saw the deceased alive on **Oct 8, 1953**, and that death occurred at **1:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>B.G. Myers D.O.</b>		23b. ADDRESS <b>Licking Mo</b>		23c. DATE SIGNED <b>Oct 28, 53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>10-23-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Rock Springs</b>		24d. LOCATION (City, town, or county) (State) <b>Texas Co Mo</b>	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>Oct. 28, 1953</b> <b>Elvora Nessel</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Smith &amp; Ferguson</b>		ADDRESS <b>Licking Mo</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

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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. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.