No. 300
10-48

FILED OCT 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31318

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 5838 Registrar's No. 48

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Berwick Twp
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hwy #66 - 1-6 mi West Newton Co. Line

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ARIZONA
b. COUNTY: CLARK
c. CITY OR TOWN: Phoenix
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 4036 East Catherine

3. NAME OF DECEASED (Type or Print): a. (First) NORMA b. (Middle) RUTH c. (Last) POWERS

4. DATE OF DEATH (Month) 9 (Day) 24 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Unknown

9. AGE (In years last birthday): 20 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Springfield, Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: CHARLES CONLEY

13b. MOTHER'S MAIDEN NAME: FRANCIS FRAIZER

14. NAME OF HUSBAND OR WIFE: JAMES POWERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME: DAVID CONLEY — ADDRESS: Springfield Ohio

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Auto Accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Crushed Chest

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:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT — SUICIDE — HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Public Highway

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Newton 0 13 Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9-24-54 6:15 A.M.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21f. HOW DID INJURY OCCUR? Auto Accident

22. *I hereby certify that I attended the deceased from* _____ *19*____, *to* 9-24, *1954, that I last saw the deceased alive on* _____ *19*____, *and that death occurred at* 6:15 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carley Morgan Jr. Coroner

23b. ADDRESS: Neosho Mo.

23c. DATE SIGNED: 9-24-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial Removal

24b. DATE:

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Springfield Ohio

DATE REC'D BY LOCAL REG.: Sept. 25, 1954

REGISTRAR'S SIGNATURE: M. L. Young

25. FUNERAL DIRECTOR'S SIGNATURE: Wm. Wendell — ADDRESS: Pierce City Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. [redacted]

District File Number 1054-198

Date Filed OCT 5 1954

NEWTON COUNTY HEALTH UNIT

NEOSHO, MISSOURI

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by me, Student Embalmer No.

working under my personal supervision..

Student
Signature of Student Embalmer

Signed R. Gordon Bennett

Licensed Embalmer No. 42

P. O. Address Monett, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.