No. 300
10-48

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

FILED DEC 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41459

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 236

93
0

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage
c. LENGTH OF STAY (in this place): 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McCune-Brooks hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN: Carthage
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location): 314 Euclid Ave 0493 0

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

4. DATE OF DEATH (Month) (Day) (Year): Dec 6, 1954

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 2, 1869
9. AGE (In years last birthday): 85 — 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): eye doctor spleialist
10b. KIND OF BUSINESS OR INDUSTRY: medicine
11. BIRTHPLACE (City and State or Foreign Country): Labadie, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Dr. John A. Powers
13b. MOTHER'S MAIDEN NAME: Maria L. Crowder
14. NAME OF HUSBAND OR WIFE: Marian Wright Powers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs.E.Powers,314 Euclid,Carthage,Mo

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) Pneumonia bronchial — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Prostatic hypertrophy with urinary obstruction and
DUE TO (c) Pyo-nephritis — 1 year

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death*: Fracture unlimited Rt femur intertrochanteric — 3 yrs

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: 610X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
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): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 11, 1954, *to* Dec 6, 1954, *that I last saw the deceased alive on* Dec 5, 1954, *and that death occurred at* 7:08a m., *from the causes and on the date stated above.*

23a. SIGNATURE: George H. Wood (Degree or title): MD
23b. ADDRESS: Carthage, Mo
23c. DATE SIGNED: 12-7-54

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Dec 9-1954
24c. NAME OF CEMETERY OR CREMATORY: Park Cemetery
24d. LOCATION (City, town, or county) (State): Carthage, Mo

DATE REC'D BY LOCAL REG.: 12-7-54
REGISTRAR'S SIGNATURE: Ell Clinton 137
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Knell Mortuary, Carthage, Mo

(Licensed Embalmer's Statement on Reverse Side)

Date Filed DEC 17 1954

JAN 12 1955

JAN 13 1955

FEB 4 1955

STATEMENT BY LICENSED EMBALMER

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

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage,

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.