

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10075  
State File No. ....  
2600  
Registrar's No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ILLINOIS</b> b. COUNTY <b>SANGERMON</b>	
b. CITY OR TOWN <b>St. Louis, Mo.</b>		c. CITY OR TOWN <b>SPRINGFIELD</b>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>1131 E COOK ST 8128</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Mary</b>	b. (Middle) <b>Ann</b>	c. (Last) <b>Power</b>	<b>March 22, 1955</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAY 5, 1903</b>		9. AGE (in years last birthday) <b>51</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 <b>own home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Riverton, Illinois</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>John Slefkoski</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Muskal</b>	14. NAME OF HUSBAND OR WIFE <b>Paul Power</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)	16. SOCIAL SECURITY NO. <b>332-10-7307</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Paul Power</b>	ADDRESS <b>Springfield, Illinois</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of breast metastatic to brain and lungs</b>		<b>1 yr.</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) _____		
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)
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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? <b>170 ft</b>
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22. I hereby certify that I attended the deceased from **Mar 12, 1955**, to **Mar. 22, 1955**, that I last saw the deceased alive on **Mar. 22, 1955**, and that death occurred at **11:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>C. D. Vermillion M.D.</i>	(Degree or title) <b>M. D.</b>	23b. ADDRESS <b>BARNES HOSPITAL</b>	23c. DATE SIGNED <b>3/22/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>3-25-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY</b>	24d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD ILLINOIS</b>
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DATE REC'D BY LOCAL REG. <b>MAR 22 1955</b>	REGISTRAR'S SIGNATURE <i>Charles Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Starb Funeral Home</i>	ADDRESS <b>1196 S. 24th Springfield, Ill.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 1956

1956

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..

*To be embalmed in Springfield, Ill.*

Student.....  
Signature of Student Embalmer

Signed *Vincent E. Staab*

Licensed Embalmer No. *866*  
P. O. Address *Staab & Sons  
Springfield*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.