

THE DIVISION OF HEALTH AND HUMAN SERVICES
STANDARD CERTIFICATE OF DEATH

FILED MAY 17 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 1576 PRIMARY REG. DIST. NO. 2001 Registrar's No. 192

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ind</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jasper</u>	c. LENGTH OF STAY (In this place) <u>3 da</u>	c. CITY OR TOWN <u>Jasper</u>	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 <u>St John Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>no</u>	

3. NAME OF DECEASED a. (First) <u>James Wesley</u> b. (Middle) _____ c. (Last) <u>Powers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-4-55</u>	
5. SEX <u>M</u>	6. COLOR OF RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unmarried</u>	8. DATE OF BIRTH <u>10-22-1885</u>
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 YRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Sarasota Ind</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Alvin Powers</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Hall</u>		14. NAME OF HUSBAND OR WIFE <u>Elta Powers</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <u>499-1457834</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Leroy Powers</u> ADDRESS <u>Sarasota Ind</u>	
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Spondylitis (LSP) advanced</u> <u>unborn</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>acute Renal Kidney</u> <u>fractured hip</u>		14 yrs <u>14 weeks</u>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		16. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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) <u>603X F</u>
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? _____

22. I hereby certify that I attended the deceased from March 10, 1955, to May 4, 1955, that I last saw the deceased alive on May 4, 1955, and that death occurred at 2 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. Schmitt</u>	23b. ADDRESS <u>Travis Bldg, Ind</u>	23c. DATE SIGNED <u>5-9-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-7-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sarasota Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Sarasota Ind</u>
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DATE REC'D BY LOCAL REG. <u>5-11-55</u>	REGISTRAR'S SIGNATURE <u>James 133</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Jackson & Sons</u>	ADDRESS <u>Sarasota Ind</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed MAY 1 6 1933

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. 20 working under my personal supervision.

Student
Signature of Student Embalmer

Signed Wm H Jackson

Licensed Embalmer No. 39

P. O. Address Sarcus

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.