

STANDARD CERTIFICATE OF DEATH

16277

FILED JUN 3 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 59

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Pulaski</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Waynesville, Mo.</u> | | c. LENGTH OF STAY (In this place) <u>30 Min.</u> | c. CITY OR TOWN <u>Richland, Mo</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>Waynesville General Hosp.</u> | | e. STREET ADDRESS (If rural, give location) <u>None.</u> | |

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|---|---|--|--|---|--------------------------|-------------------------|-------------------------|-------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Francis</u> c. (Last) <u>Powers</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 21, 1955</u> | | | | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>July 28, 1878</u> | 9. AGE (In years last birthday) <u>76</u> | # UNDER 1 YEAR Months | # UNDER 6 Mths. Days | # UNDER 1 Mth. Hours | # UNDER 1 Mth. Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & Laborer.</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | 11. BIRTHPLACE (City and State or Foreign Country) <input type="checkbox"/> <u>Richland, Mo Rural</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | | |

| | | | |
|---|--|--|--------------------------------|
| 13a. FATHER'S NAME <u>James Benjamin Powers</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Bible</u> | 14. NAME OF HUSBAND OR WIFE <u>Ollie Elizabeth Hargett</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>Unknown</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Ollie Elizabeth Powers</u> | ADDRESS <u>Richland, Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastrointestinal Hemorrhage</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gastric carcinoma</u> DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic congestive heart failure.</u> | | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>151X</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) |
| 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 April 12, 1955, to May 21, 1955, that I last saw the deceased alive on May 21, 1955, and that death occurred at 12:45 p.m. from the causes and on the date stated above.

| | | | |
|--|--|--|--|
| 23a. SIGNATURE (Degree or title) <u>Betty J. Roberts MD</u> | 23b. ADDRESS <u>Richland, Missouri</u> | 23c. DATE SIGNED <u>5/22-55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>5/25/55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>HazelGreen Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>HazelGreen, Missouri</u> |
| DATE REC'D BY LOCAL REG. <u>5-25-55</u> | REGISTRAR'S SIGNATURE <u>Cecilia Anderson</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedges Funeral Home</u> | ADDRESS <u>Richland, Mo</u> |

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

Date Filed 5-31-55
File Number

Pulaski County Health Officer

RECEIVED 5-25-55

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.....
Signature of Student Embalmer

Signed *Ewell C. Craig*

Licensed Embalmer No... 474

P. O. Address *Crocker*

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.