

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27377**

FILED AUG 23 1955

BIRTH NO. **124** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **3060** Registrar's No. **236**

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

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY St. Francois	
b. CITY OR TOWN Farmington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 510 N Middle	
d. FULL NAME OF HOSPITAL OR INSTITUTION 510 N. Middle			

3. NAME OF DECEASED (Type or Print) a. (First) Augusta b. (Middle) Hazel c. (Last) Powers	4. DATE OF DEATH (Month) (Day) (Year) AUG. 15, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 3, 1904	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months 8 Days 12	IF UNDER 24 HRS. Hours Mins.
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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 (State or foreign country) Pottersville, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME William T. Long	13b. MOTHER'S MAIDEN NAME Mary Jane Carrico	14. NAME OF HUSBAND OR WIFE Berl B. Powers
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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) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Berl P. Powers ADDRESS Farmington Mo
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Filling bath tub with water and taking own life DUE TO (c) by drowning		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 975X			

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) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home	21c. CITY, TOWN, OR TOWNSHIP, (COUNTY) (STATE) Farmington St. Francois Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 15, 1955 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? drowning in bath tub intentionally
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Berl P. Muller (Degree or title) Coroner	23b. ADDRESS Farmington, Mo.	23c. DATE SIGNED 8/16/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE AUG 16, 1955	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) West Plains, Mo
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DATE REC'D BY LOCAL REG. Aug. 16, 1955	REGISTRAR'S SIGNATURE Esther Redloff	25. FUNERAL DIRECTOR'S SIGNATURE Miller Funeral Home ADDRESS Farmington, Mo
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(Licensed Embalmer's Statement on Reverse Side)

MS MAY 25 1959

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
Student Embalmer

Signed Paul K. Doyal

Licensed Embalmer No. 4120

P. O. Address Farmington, Mo

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