

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28378

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. S41 Registrar's No. 1950

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u> | c. LENGTH OF STAY (in this place) <u>DOA</u> | c. CITY OR TOWN <u>MANCHESTER</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>DOA County Hospital</u> | | e. STREET ADDRESS (If rural, give location) <u>RT #1 Box 317 #111</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Orpha</u> | b. (Middle) <u>A</u> | c. (Last) <u>Power</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>8-22-55</u> |
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|---|---|--|------------------------------------|---|----------------------------|---------------------------|
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u> | 8. DATE OF BIRTH <u>10-11-1900</u> | 9. AGE (In years last birthday) <u>54</u> | # UNDER 1 YEAR Months Days | # UNDER 6 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>never worked</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |

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| 13a. FATHER'S NAME <u>Samuel E. Power</u> | 13b. MOTHER'S MAIDEN NAME <u>Malinda VanSickle</u> | 14. NAME OF HUSBAND OR WIFE <u>none</u> |
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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) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Howard Taylor</u> | ADDRESS <u>RR#1-Manchester, 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 |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot wound of the chest with resultant internal organ traumatic</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>sultant internal organ traumatic</u> DUE TO (c) <u>injury and hemorrhage.</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>E976X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) <u>rear yard of home</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Manchester St. Louis Mo.</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>Aug. 22, 1955 8:45 a.m.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Self-inflicted gunshot wound of the chest</u> |
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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.

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| 23a. SIGNATURE (Degree or title) <u>Arnold J. Willmann, Coroner</u> | 23b. ADDRESS <u>Clayton, Mo.</u> | 23c. DATE SIGNED <u>8-23-55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | 24b. DATE <u>8-22-55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>HURDLAND MO.</u> | 24d. LOCATION (City, town, or county) (State) <u>Hurdland, Mo.</u> |
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| DATE RECD BY LOCAL REG. <u>8/22/55</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Douke</u> | FUNERAL DIRECTOR'S SIGNATURE <u>Wasley</u> | ADDRESS <u>Hurdland, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 2 1955

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.....
Ronald A. Johnson

Licensed Embalmer No. *39*

P. O. Address *St. Louis*

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.