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FILED JUL 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19979

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 200

1. PLACE OF DEATH
a. COUNTY: COLE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON CITY
c. LENGTH OF STAY (in this place): 14 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 301 W Elm

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: COLE
c. CITY OR TOWN: JEFFERSON CITY
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 301 W. Elm 02640

3. NAME OF DECEASED (Type or Print)
a. (First): LAWRENCE
b. (Middle): JOSEPH
c. (Last): POWERS

4. DATE OF DEATH (Month) (Day) (Year): JULY 9, 1956

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: OCT. 15, 1882
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 8, Days 14 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): State Department of Revenue
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): St Joseph Mo
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: PATRICK POWERS
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: MYRTLE AINGE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S ~~SIGNATURE OR~~ NAME: MRS MYRTLE POWERS — ADDRESS: J. C, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: not known

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
(Pt. expired about 10 or 15 minutes before my arrival)
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: 4200
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased* ~~alive on~~ dead on arrival, 19__, *and that death occurred at* 7:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Earl L. Loyd, M.D. (Degree or title)
23b. ADDRESS: Jeff. City Mo.
23c. DATE SIGNED: 7-10-56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 7/12/56
24c. NAME OF CEMETERY OR CREMATORY: Ashland
24d. LOCATION (City, town, or county) (State): St. Joseph, Mo.

DATE REC'D BY LOCAL REG.: 10 July 1956
REGISTRAR'S SIGNATURE: R. P. Harris MD NR
25. FUNERAL DIRECTOR'S SIGNATURE: Sylvester Orth
ADDRESS: J. C. MO.

(Licensed Embalmer's Statement on Reverse Side)

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

8-0

JUL 1956

AUG 23 1956

OCT 24 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Sylvester Dulle.....

Licensed Embalmer No. 43

P. O. Address Jefferson Ci

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.