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THE DIVISION OF HEALTH OF MISSOURI

FILED DEC 12 1956

STANDARD CERTIFICATE OF DEATH

State File No. **37418**

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **353**

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY COLE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City, Mo.	
c. LENGTH OF STAY (in this place) 2 Weeks		0 26 1/2	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1307 Winston Dr.		d. STREET ADDRESS (If rural, give location) 301 W Elm	

3. NAME OF DECEASED (Type or Print) a. (First) MYRTLE b. (Middle) AINGE c. (Last) POWERS			4. DATE OF DEATH DEC. 5 , 19 56		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 17, 1884	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 10 Days 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Joseph, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph Ainge		13b. MOTHER'S MAIDEN NAME Mary Stahl		14. NAME OF HUSBAND OR WIFE Lawrence J. Powers	
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 ADDRESS Mrs. Jack Wegman 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) Broncho pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Esophagus with extension to trachea DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 4 days	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) m.		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 **10/17**, 19**55**, to **12/5**, 19**56**, that I last saw the deceased alive on **12/5**, 19**56**, and that death occurred at **2:20** p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) London H. Spruce M.D.		23b. ADDRESS 515 E. High Jefferson City Mo		23c. DATE SIGNED 12/6/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/7/56		24c. NAME OF CEMETERY OR INTERMENTARY Ashland	
24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.					

DATE REC'D BY LOCAL REG. 6 Dec 1956		REGISTRAR'S SIGNATURE R.P. Davis M.D. M.P.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sylvester Dulle J. C. Mo.	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1503

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.

Signed _____

Sylvester Dull

Signed _____

Student Embalmer

Licensed Embalmer No. _____

4321

P. O. Address _____

Jefferson City, 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.