

FILED JUL 8 1957

## STANDARD CERTIFICATE OF DEATH

157 021 283  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2762

|  |                                  |   |  |   |   |
|--|----------------------------------|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>  |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>JOHNSON</b> |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>KANSAS CITY</b>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>HOLDEN</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. JOSEPH HOSPITAL</b>   |                                  | Length of stay in 1b<br><b>60 DAYS</b>  | STREET ADDRESS (If outside, give location)<br><b>604 EAST 2ND STREET</b>   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>ETHEL</b> Middle <b>M.</b> Last <b>POWERS</b>   |                                  |   | 4. DATE OF DEATH<br>Month <b>JUNE</b> Day <b>9</b> Year <b>1957</b>  |   |   |
| 5. SEX<br><b>FEMALE</b>  | 6. COLOR OR RACE<br><b>WHITE</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>NOV-21-1889</b>   | 9. AGE (In years last birthday)<br><b>67</b>  | IF UNDER 1 YEAR<br>Months Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>RETIRED</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>McKINLEY-MILLERS</b>  | 11. BIRTHPLACE (City and state or country)<br><b>HOLDEN, MISSOURI</b>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |
| 13a. FATHER'S NAME<br><b>THOMAS W. MANNING</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>VIRGINIA TODD</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>EDWARD A. POWERS</b>                                      |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>496-01-0565</b>   |  | 17. INFORMANT<br>Address<br><b>Mrs. VICTORIA LARGES 604 EAST 2ND STREET HOLDEN MISSOURI</b> |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral embolus and embolus right femoral artery</b>  |                                  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>5/23/57</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>arteriosclerosis</b>   |                                  |   |  |   | <b>6/7/57</b>   |
| DUE TO (c) <b>auricular fibrillation due to arteriosclerosis</b>   |                                  |   |  |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>332X</b>   |                                  |   |  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                                  |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |   |   |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year  |                                  |   |  |   |   |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE   |   |
| 21. I attended the deceased from <b>May 22, 1957</b> to <b>June 9, 1957</b> and last saw her alive on <b>June 8, 1957</b><br>Death occurred at <b>7:45 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |  |   |   |
| 22a. SIGNATURE (Deponent or title)<br><b>Lyle G. Willets M.D.</b>  |                                  |   | 22b. ADDRESS<br><b>1103 Grand Ave</b>  |   | 22c. DATE SIGNED<br><b>6/10/57</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>   |                                  | 23b. DATE<br><b>JUNE-12-1957</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>HOLDEN CEMETERY</b>   |   | 23d. LOCATION (City, town, or county) (State)<br><b>HOLDEN MISSOURI</b>                           |
| 24. FUNERAL DIRECTOR<br><b>D.W. NEWCOMER'S SONS</b>  |                                  | ADDRESS<br><b>1331 BRUSH CREEK KANSAS CITY, MO.</b>   |  | 25. DATE RECD. BY LOCAL REG.<br><b>6-12-57</b>  | 26. REGISTRAR'S SIGNATURE<br><b>neva minishall</b>  |

Lyle G. Willets USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

2-1919

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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 Paul R. Williamson

Licensed Embalmer No. 5009

P. O. Address Overland Park Kansas

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.