

THE DIVISION OF HEALTH OF THE STATE OF TENNESSEE  
STANDARD CERTIFICATE OF DEATH

'57 0 2 2 8 0 7  
State File No. **5108**

FILED JUN 7 1957

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Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>TENN.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis, Mo.</b>		c. CITY OR TOWN <b>Jackson</b>	
c. LENGTH OF STAY (In this place) <b>10 days</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Pacific Hospital</b>		STREET ADDRESS (If rural, give location) <b>33 529 Short St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Barney</b> b. (Middle) <b>Marshall</b> c. (Last) <b>Powers</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>5 31 1957</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>Nov. 13, 1887</b>
9. AGE (In years last birthday) <b>69.</b>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PENST. BOLLERMAKER</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>Jackson, Tennessee</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Barney Powers</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Newson</b>	
14. NAME OF HUSBAND OR WIFE <b>Dovie Powers</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No. Nil.</b>	
16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Dovie Powers, Jackson, Tenn.</b>	
17. ADDRESS <b>Jackson, Tenn.</b>		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, ashenia, etc. It means the disease, injury, or complication which caused death.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>MESENTERIC THROMBOSIS</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
ANTECEDENT CAUSES DUE TO (b) <b>Adenocarcinoma of rectum</b> DUE TO (c)		<b>1 yr</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis generalizad ?</b>			
19a. DATE OF OPERATION <b>5/24/57</b>		19b. MAJOR FINDINGS OF OPERATION <b>Adenocarcinoma of rectum 154x</b>	
20. AUTOPSY? <b>YES</b> <input checked="" type="checkbox"/> NO <input 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) (Min.)		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 <b>5/21, 1957</b> , to <b>5/31, 1957</b> , that I last saw the deceased alive on <b>5/30, 1957</b> , and that death occurred at <b>9:25 a.m.</b> , from the causes and on the date stated above:	
23a. SIGNATURE <b>John T. Vandover MD</b>		23b. ADDRESS <b>1504 So Grand</b>	
23c. DATE SIGNED <b>5/31/57</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>5-31-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hollywood Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Jackson, Tenn.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>	
25. ADDRESS <b>1700 Washington,</b>		DATE REC'D BY LOCAL REG. <b>MAY 31 1957</b>	
REGISTRAR'S SIGNATURE <b>J. Earl Smith MD</b>		25. ADDRESS <b>1700 Washington,</b>	

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

JUN 12 1957  
JUL 2 1957  
JUN 24 1957

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, by....., Student Embalmer No. .... working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed Etousoo Penland

Licensed Embalmer No. 447  
P. O. Address St Louis 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.