

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28702**

FILED AUG 30 1957

BIRTH NO. _____ REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **4302** Registrar's No. **206**

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) Wheeling	c. LENGTH OF STAY (In this place) 20 yrs	c. CITY OR TOWN Wheeling	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION No street address		STREET ADDRESS (If rural, give location) Own home. No st. address	

3. NAME OF DECEASED (Type or Print) a. (First) Marion b. (Middle) Elmer c. (Last) Powers			4. DATE OF DEATH (Month) (Day) (Year) Aug. 15, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 24, 1883	9. AGE (In years last birthday) 74 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (City and State or Foreign Country) Ill.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Aaron Powers	13b. MOTHER'S MAIDEN NAME Sarah Newborn	14. NAME OF HUSBAND OR WIFE XX
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) xx 532-12-2655	17. INFORMANT'S SIGNATURE OR NAME Mrs. Myrtle Love, Wheeling, Mo.	ADDRESS Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 15 Minutes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Occlusion		
	ANTECEDENT CAUSES DUE TO (b) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 4201	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **None**, to _____, 19____, that I last saw the deceased **also Aug 15, 1957**, and that death occurred at **8:30A m.**, from the causes and on the date stated above.

22a. SIGNATURE Joseph A. Conrad M.D.	(Degree or title)	23b. ADDRESS Chillicothe, Mo.	23c. DATE SIGNED 8/16/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Aug. 17, 1957	24c. NAME OF CEMETERY OR CREMATORY Wheeling cemetery	24d. LOCATION (City, town, or county) (State) Wheeling, Mo.
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DATE REC'D BY LOCAL REG. 8/17/57	REGISTRAR'S SIGNATURE Frances B Neill	25. FUNERAL DIRECTOR'S SIGNATURE Donald Gordon, Chillicothe, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Ronald Gordon*.....

Licensed Embalmer No. *4191*.....

P. O. Address *Chillicothe*.....

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.