

FILED FEB 27 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006457  
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Hannibal, Mo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2109 Spruce St</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>2109 Spruce St</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>WYNEONA</u> Middle <u>LEE</u> Last <u>POWERS</u>			4. DATE OF DEATH Month <u>2</u> Day <u>9</u> Year <u>1958</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 10-1903</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>54</u> IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <u>Hannibal, Mo</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Sylvester Robinson</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Reynolds</u>	14. NAME OF HUSBAND OR WIFE <u>M. W. Powers Sr.</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>2109 Spruce M. W. Powers Sr.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>metastatic carcinoma</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinoma of Cervix</u> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <u>4-5 and 1 year</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? 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 Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>9 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>R. M. Strong, M.D.</u>		22b. ADDRESS <u>Hannibal, Mo</u>	22c. DATE SIGNED <u>2-10-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Feb. 12-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Robinson Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Hannibal, MO</u>
24. FUNERAL DIRECTOR ADDRESS <u>Geo. E. Roberts Hannibal</u>		25. DATE RECD. BY LOCAL REG. <u>2/20/58</u>	26. REGISTRAR'S SIGNATURE <u>A. E. M. Lucke, Reg. H. C. Fisher</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE, IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

**RECEIVED** FEB 25 1958  
**MARION CO. HEALTH DEPT.**  
**DATE FILED** FEB 25 1958

**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 *Geo. E. Roberts* .....

Licensed Embalmer No. *2113* .....  
P. O. Address *Hannibal, 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.