

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029652

STATE FILE NUMBER

5723

FILED AUG 28 1958

Registration District No. 200 Primary Registration District No.

Registrar's No. 67

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ardmore CHARITON		c. CITY OR TOWN Ardmore 06100	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.R.# 2 Excello		d. STREET ADDRESS (If outside, give location) R.R.# 2 Excello	
3. NAME OF DECEASED (Type or print) First MINNIE		Middle MAY	
Last POWERS		4. DATE OF DEATH Month Aug. Day 9 Year 1958	
5. SEX Female	6. COLOR OR RACE Whits	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH De. 25, 1878
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 7 Days 14	IF UNDER 24 HRS. Hours 14 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Macon County Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Baker	
13b. MOTHER'S MAIDEN NAME Rebecca Mullnix		14. NAME OF HUSBAND OR WIFE John A. Powers deceased	
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 Robert Powers R.R. 2, Excello, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) coronary artery thrombosis			INTERVAL BETWEEN ONSET AND DEATH 6 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) hypertension			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) 4201			
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 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		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from on Aug. 9, 1958 , to _____ and last saw ^{her} _{him} alive on _____ Death occurred at 7:45 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>G. L. Duesden</i> (Degree or Title) D.O.		22b. ADDRESS Macon, Missouri	
22c. DATE SIGNED 8-12-58		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-12-1958	
23c. NAME OF CEMETERY OR CREMATORY Woodlawn		23d. LOCATION (City, town, or county) (State) Macon Missouri	
24. FUNERAL DIRECTOR <i>R. Lester Bram</i> ADDRESS Macon, Mo.		25. DATE RECD. BY LOCAL REG. 8/23/58	
26. REGISTRAR'S SIGNATURE <i>Keith M. Sweeney</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

See, however, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Date Filed 8-28-58

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 *R. L. Brewer*

Licensed Embalmer No. *4472*
P. O. Address *Ma...*

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.