

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038118

STATE FILE NUMBER

FILED NOV 10 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10205

300
1-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>North Fork</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>Firmin Desloge</u>		Length of stay in lb <u>60 Days</u>	d. STREET ADDRESS <u>1026</u> (If outside, give location) <u>Town Limits</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>Ida May Power</u>			4. DATE OF DEATH <u>October 20, 1958.</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>8 / 6 / 1891</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Monroe County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Peter Lorenson</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Thompson Buckholdt</u>		14. NAME OF HUSBAND OR WIFE <u>Leslie Power</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>487-30-0786</u>		17. INFORMANT Address <u>Rollie Crow Monroe City Missouri.</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>arteriosclerotic heart disease with gen'l pneumonia with effusion sepsis</u> DUE TO (b) <u>left pyelonephrosis with diabetes mellitus</u> DUE TO (c) <u>left pyelonephrosis & diabetes mellitus</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Self Administration drug 52 for 600.0</u>					INTERVAL BETWEEN ONSET AND DEATH <u>months</u> <u>year</u>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input checked="" 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. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>8-1-58</u>	20f. CITY, TOWN, OR LOCATION <u>10-20-58</u>	COUNTY	STATE
21. I attended the deceased from Death occurred at <u>8:00 Pm. Daylight.</u> and last saw her him <u>Oct 18 1958</u> on the date stated above; and to the best of my knowledge, from the cause stated.					
22a. SIGNATURE <u>Robert W. Brennan</u> (or title) <u>Robert W. Brennan</u>			M.D. <input type="checkbox"/>	22b. ADDRESS <u>3720 Washington ST</u>	22c. DATE SIGNED <u>10-24-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10/23/1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Deer Creek Cemetery</u>		23d. LOCATION (City, town, or county) <u>North Fork, Mo.</u> (State)	
24. FUNERAL DIRECTOR <u>Harold Garner. Monroe City Mo.</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>OCT 24 '58</u>	26. REGISTRAR'S SIGNATURE <u>Carl Smith mo</u> <u>m & B.</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Eleana Province

Licensed Embalmer No. 3403

P. O. Address Jennings, T.

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.