

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001482

STATE FILE NUMBER

77

JAN 21 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar No.

300
-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1502 Broadway		Length of stay in 1b 28 yrs.	
d. STREET ADDRESS 522 East 11th. St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle Joseph Last Powers			4. DATE OF DEATH Month 1 Day 4 Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-13-1891
9. AGE (In years) 67		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Night Clerk		10b. KIND OF BUSINESS OR INDUSTRY Broadway Hotel	11. BIRTHPLACE (City and state or country) Preston, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Lawrence Powers		13b. MOTHER'S MAIDEN NAME Honora O'Donnell	
14. NAME OF HUSBAND OR WIFE Mary Powers			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name of service) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -	
17. INFORMANT Mrs. Robert Schloegel		Address K.C., MO. 43 East 52nd. St.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerotic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Geo. C. Kealhofer</i>		22b. ADDRESS 6027 Parkwood St. Overland	
22c. DATE SIGNED 1-5-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-6-1959	
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or country) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR Heilert Funeral Homes (S) K.C., Mo.		ADDRESS	
25. DATE RECD. BY LOCAL REG. 1-6-59		26. REGISTRAR'S SIGNATURE <i>Gene Marshall</i>	

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
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 *B. E. Weiler*

Licensed Embalmer No. *4075*

P. O. Address *KC 8 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.