

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008419
State File No.

No. 300
10.48

FILED APR 14 1959

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3066 Registrar's No. 159

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Columbia</u>		c. LENGTH OF STAY (In this place) <u>2 wks</u>	c. CITY OR TOWN <u>Columbia</u> <u>01860</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone County Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
a. STREET ADDRESS (If rural, give location) <u>11 Miles S. W. Columbia</u>		3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>Nevins</u> c. (Last) <u>Powers</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>4 5 1959</u>	5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>
8. DATE OF BIRTH <u>Dec. 12, 1876</u>	9. AGE (In years last birthday) <u>82</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Monroe County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Henry Powers</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Miernia</u>	
13c. NAME OF HUSBAND OR WIFE <u>Ada Powers</u>		13d. ADDRESS <u>Columbia, Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ada Powers</u>		17. ADDRESS <u>Columbia, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA of Ampulla de Vater</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>none</u>	
DUE TO (c) <u>none</u>		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 _____		20. AUTOPSY? <u>1591</u> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) _____	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 <u>1 Jan 59</u> , 19 <u>59</u> , to <u>5 April</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>5 April</u> , 19 <u>59</u> , and that death occurred at <u>9:55 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John J. Logue MD</u> (Degree or title) _____		23b. ADDRESS <u>909 University Ave Columbia Mo</u>	23c. DATE SIGNED <u>6 April 59</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/7/59</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Apr 7 1959</u>	REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lyman Sprinkle</u> ADDRESS <u>Columbia, Mo.</u>	

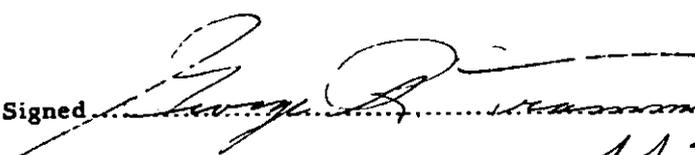
(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 

Licensed Embalmer No. 442

P. O. Address Columbia

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.