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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-020746
STATE FILE NUMBER

REC JUL 13 1959 Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 52

1. PLACE OF DEATH
a. COUNTY: Clinton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cameron, Mo. — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Cameron Com. Hospital — Length of stay in 1b: 10days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Gentry
c. CITY OR TOWN: Stanberry — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 038 — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Carl Middle: Ernest Last: Powers

4. DATE OF DEATH: Month: July Day: 5 Year: 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☒ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Nov. 21 1936

9. AGE (In years last birthday): 22 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Worth County Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Ernest Powers

13b. MOTHER'S MAIDEN NAME: Marjorie Cravens

14. NAME OF HUSBAND OR WIFE:

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: Mrs. Ernest Powers, Stanberry, Mo. R.F.D.

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): 2nd & 3rd Degree Burns of Head
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Both arms, hands, chest & abdomen
DUE TO (c): Back - few areas on both legs anteriorly & posteriorly.
INTERVAL BETWEEN ONSET AND DEATH: 9 days

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 ☐ NO ☒

20a. ACCIDENT ☒ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
Car-truck collision Hiway 69 near Pattonsburg, Mo. 6-26-59 031

20c. TIME OF INJURY: Hour 6 30 a.m. p.m. — Month, Day, Year: 6 26 59

20d. INJURY OCCURRED WHILE AT WORK ☒ **NOT WHILE AT WORK** ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hiway 69. Pattonsburg

20f. CITY, TOWN, OR LOCATION: Pattonsburg — **COUNTY**: Harrison — **STATE**: Mo

21. I attended the deceased from 6-26-59 to 7-5-59 and last saw ~~her~~ him alive on 7-5-59
Death occurred at 12:05 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. Kines MD

22b. ADDRESS: Cameron Mo

22c. DATE SIGNED: 7-6-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 7-7-1959

23c. NAME OF CEMETERY OR CREMATORY: Oxford

23d. LOCATION (City, town, or county) (State): Albany, Mo.

24. FUNERAL DIRECTOR ADDRESS: Brooks Funeral Home Albany, Mo.

25. DATE RECD. BY LOCAL REG.: 7-5-59

26. REGISTRAR'S SIGNATURE: Frances D Crawford

(Licensed Embalmer's Statement on Reverse Side)

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VS AUG 7 1957

VS APR 4 1960

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 Will Be, Student Embalmer No. ..... working under my personal supervision.

Student ..... Signature of Student Embalmer

Signed Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany, 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.