

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 23 1959 149

59-036347

STATE FILE NUMBER

Registration District No.

Primary Registration District No. 1002

Registrar's No.

4868

UNRECORDED

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		Length of stay in 1b 61 yrs.		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3408 ASKEW				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3408 ASKEW	
3. NAME OF DECEASED (Type or print) First Chester Middle Steele Last Power				4. DATE OF DEATH Month OCT Day 7 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 JUNE 28, 1883	9. AGE (last birthday) 76 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED ACCOUNTANT			10b. KIND OF BUSINESS OR INDUSTRY HUMBOLDT NEBRASKA		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME CHARLES RANSON POWER			13b. MOTHER'S MAIDEN NAME MARTHA JANE MONROE		14. NAME OF HUSBAND OR WIFE BESSIE POWER		
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. UNKNOWN 5972		17. INFORMANT Address BESSIE POWER 3408 ASKEW K. C. 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) Palmar and plantar ulcers secondary to arteriosclerosis						INTERVAL BETWEEN ONSET AND DEATH 10 yrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.	Month, Day, Year						
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 1949 3P to Oct 7-59 and last saw him alive on Oct 7-59 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Paul Lowell M.D.				22b. ADDRESS 711 W 46th St		22c. DATE SIGNED 10/8/59 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE OCT 8, 1959	23c. NAME OF CEMETERY OR CREMATORY HUMBOLDT CEM		23d. LOCATION (City, town, or county) HUMBOLDT NEBRASKA		
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS K. C. MO.			25. DATE RECD. BY LOCAL REG. 10-9-59		26. REGISTRAR'S SIGNATURE Neve Marshall		

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF Paul Lowell

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

Roger F. Fuller

Licensed Embalmer No. 4818

P. O. Address KC 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.