

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-039354

LED VS NOV 6 1960 No. 294 Primary Registration District No. 3006 Registrar's No. 255 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>RANDOLPH</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>MONROE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MOBERLY</b>	Length of stay in lb <b>1 DAY</b>	c. CITY OR TOWN <b>PARIS</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>WOODLAND HOSP.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>W. CALDWELL ST.</b>

3. NAME OF DECEASED (Type or print) First Middle Last <b>MAURICE BAWNING POWERS</b>			4. DATE OF DEATH Month Day Year <b>OCT. 27 1960</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/24/1874</b>	9. AGE (last birthday) <b>86</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>4</b> Hours <b>-</b> Min. <b>-</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LUMBER DEALER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RETAIL LUMBER DEALER</b>	11. BIRTHPLACE (City and state or country) <b>MONROE CO. MO</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	

13a. FATHER'S NAME <b>ORION G. POWERS</b>	13b. MOTHER'S MAIDEN NAME <b>ELIZABETH HOCKER</b>	14. NAME OF HUSBAND OR WIFE <b>KATIE BELL POWERS</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>497-32-1506</b>	17. INFORMANT Address <b>MARGARET E. POWERS PARIS MO.</b>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
IMMEDIATE CAUSE (a) <b>Acute anteroseptal myocardial infarction</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)	DUE TO (b) <b>Arteriosclerosis</b>	
DUE TO (c)		<b>?</b>

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		
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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 Month, Day, Year 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 **Oct. 27, 1960** to **Oct. 28, 1960** and last saw **him** alive on **Oct. 28, 1960**  
Death occurred at **4 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Will Henry Jones</i>		22b. ADDRESS <b>Moberly, Mo.</b>	22c. DATE SIGNED <b>10/30/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>10/30/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>WALNUT GROVE CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>PARIS, MO.</b>
24. FUNERAL DIRECTOR ADDRESS <b>E. H. AGNEW PARIS, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>10/30/60</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

0961 27 KON.

MAR 28 1961

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed E. H. Agnew, Paris, Mo.

Licensed Embalmer No. 4000

P. O. Address Paris, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.