

1. PLACE OF DEATH
 a. COUNTY
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Barnes Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **Scott**
 c. CITY OR TOWN **Sikeston** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **RFD # 1** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Harry Lewis Powers
 4. DATE OF DEATH Month Day Year
December 31, 1960

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **5/30/1942** 9. AGE (last birthday) **18** IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Flour Packer** 10b. KIND OF BUSINESS OR INDUSTRY **Flour Mill** 11. BIRTHPLACE (City and state or country) **Scott Co., Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.**

13a. FATHER'S NAME **Warren Powers** 13b. MOTHER'S MAIDEN NAME **Eureda Robinett** 14. NAME OF HUSBAND OR WIFE **Paula Gale Powers**

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** 17. INFORMANT **Warren Powers, Sikeston, Mo.** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY
 IMMEDIATE CAUSE (a) **Rifle shot of head self inflicted in home in Sikeston, Missouri.** INTERVAL BETWEEN ONSET AND DEATH
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Whether accidental or suicidal could not be determined.**
 DUE TO (c) **OPEN VERDICT.**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **976x** PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

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.)
See above

20c. TIME OF INJURY Hour Month, Day, Year
 a.m. p.m.

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.) **Home** 20f. CITY, TOWN, OR LOCATION **Sikeston, Missouri** COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
 Death occurred at **9:40 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Patricia E Taylor coron** 22b. ADDRESS **1300 Clark** 22c. DATE SIGNED **1-3-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **1-3-61** 23c. NAME OF CEMETERY OR CREMATORY **City Cemetery** 23d. LOCATION (City, town, or county) (State) **Essex, Mo.**

24. FUNERAL DIRECTOR **Albert H. Hoppe, Inc., 4700 Washington Blvd.** ADDRESS 25. DATE RECD. BY LOCAL REG. **JAN 3 1961** 26. REGISTRAR'S SIGNATURE **Lead Smith, M.D.**

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

FEB 28 1961

DS JAN 25 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Elton R. Remel

Licensed Embalmer No. 420

P. O. Address St. Louis

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