MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ARTMENT OF PUBLIC HEALTH AND WELFARE

-62-000898
STATE FILE NUMBER

AMENDED

Registration District No. 88 Primary Registration District No. 5330 Registrar's No. 1

FILED JAN 31 1962

1. PLACE OF DEATH
a. COUNTY: CRAWFORD
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: OSAGE — Length of stay in 1b: 9MO.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: NEAR HUZZAH, MO — Inside Limits: Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print): First FLETCHER Middle Last POWER
4. DATE OF DEATH: Month JAN. Day 20 Year 1962
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 10-14-1889
9. AGE (last birthday): 72 — IF UNDER 1 YEAR: Months 3 Days 6 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): PONTIAC ILL.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: FLOYD POWERS
13b. MOTHER'S MAIDEN NAME: MAGGIE SHIFLER
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): W. W. I
16. SOCIAL SECURITY NO.
17. INFORMANT: FRED POWER Address: ST. LOUIS MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for PART I.) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CARCINOMA OF STOMACH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

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. ☐ 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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at 6:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] (Degree or title): Coroner
22b. ADDRESS: Steelville Mo
22c. DATE SIGNED: 1/22/62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 1-22-62
23c. NAME OF CEMETERY OR CREMATORY: CENTER POST
23d. LOCATION (City, town, or county): HUZZAH. (State): MO

24. FUNERAL DIRECTOR: JONAS FUNERAL HOME ADDRESS: STEELVILLE, Mo
25. DATE RECD. BY LOCAL REG.: 1/23/62
26. REGISTRAR'S SIGNATURE: Mrs. Hazel Lichius

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

FEB 6 1962

FEB 1 1962

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Steelville, 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.