

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

208-62-039402

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 881- Primary Registration District No. 8099 Registrar's No. 208

FILED OCT 17 1962

1. PLACE OF DEATH
 a. COUNTY LINN
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BROOKFIELD Length of stay in 1b 3 Mos.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LOUISE'S NURSING HOME Inside Limits Yes No

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

3. NAME OF DECEASED First Middle Last PEARL ELLA POWER 4. DATE OF DEATH Month Day Year OCT. 3, 1962

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 4-16-1885 9. AGE (last birthday) 77 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) HOME MAKER 10b. KIND OF BUSINESS OR INDUSTRY OWN HOME 11. BIRTHPLACE (City and state or country) LINNEUS, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME JOHN W. POWER 13b. MOTHER'S MAIDEN NAME SARAH GAINES 14. NAME OF HUSBAND OR WIFE NEVER MARRIED

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. NONE 17. INFORMANT Address MRS. HILTON SIMMONS LACLEDE 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) Chronic myocarditis 10 yrs
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension 15 yrs
 DUE TO (c) Arteriosclerosis 15 yrs
 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 N 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 1950 to Oct 2 - 1962 and last saw her ~~live~~ on Oct 2 - 1962
 Death occurred at 4:00-10:3-62 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W B Simpson DD 22b. ADDRESS Brookfield Mo 22c. DATE SIGNED 10/5/62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE OCT 6, 1962 23c. NAME OF CEMETERY OR CREMATORY LACLEDE CEMETARY 23d. LOCATION (City, town, or county) LACLEDE, Mo. (State)

24. FUNERAL DIRECTOR ADDRESS WRIGHT FUNERAL HOME, LACLEDE, Mo. 25. DATE RECD. BY LOCAL REG. 10-5-62 26. REGISTRAR'S SIGNATURE Anna Watson

VS 300 Rev. 4/59
 10596
 20590
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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD, READ
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

OCT 17 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 C. W. Wright

Licensed Embalmer No. 5167

P. O. Address Brookfield, 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.