

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

70 =63-020893

STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 70

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0735
2 0730
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4 0
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9331X
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neosho		c. CITY OR TOWN Neosho Rt. 3	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Sale Memorial Hospital		d. STREET ADDRESS (If outside, give location) 4 mi. South-3 mi. West	
3. NAME OF DECEASED (Type or print) James Jesse Powers		4. DATE OF DEATH Month May Day 11 , Year 1963	
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 6-8-1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		11. BIRTHPLACE (City and state or country) McDonald County, Mo. USA	
13a. FATHER'S NAME Edward Powers		14. NAME OF HUSBAND OR WIFE Ellen Powers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) No		17. INFORMANT Ellen Powers Neosho, Mo.	
18. CAUSE OF DEATH (Enter only one cause per item) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 days	
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)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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		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 May 9, 1963 to May 11, 1963 and last saw him alive on May 11, 1963 Death occurred at 10:15 AM on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 5-13-63	
22a. SIGNATURE (Degree or title) <i>[Signature]</i> M.D.		22b. ADDRESS 113 W. Hickory Street Neosho, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23d. LOCATION (City, town, or county) (State) Neosho, Mo.	
24. FUNERAL DIRECTOR Clark Funeral Home Neosho, Mo.		25. DATE RECD. BY LOCAL REG. 5-13-63	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

MAY 23 1963

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 Fred J. Clark

Licensed Embalmer No. 5056

P. O. Address 312 So. Wood
Meriden, Conn.

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.