RI	בט DI	DIVISION OF HEALTH — STANDARD CERTIFICATE O	F DEATH
NDED Tir	LD	D VS JAN 1 9 1960 316 Primary Registration District No	Registrar's No
1	_	1. PLACE OF DEATH a. COUNTY St. Francois	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Bollinger (Smission)
		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township 29 das.	c. CITY OR TOWN Lutesville, Ves No
		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL NO.44 Yes \(\sqrt{No.45}\)	d. STREET (If cutside, give location) Reside on Farm
+		3. NAME OF DECEASED First Middle (Type or print)	Lest 4. DATE Month Day Year OF Doc 20 1000
		5. SEX 6. COLOR OR RACE 7. Married A Never Married	POWERS DEATH Dec. 22, 1959 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR 8. 9-1892 67 JMonths Pays Hours Min.
		Female White Widowed Divorced	RY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY
		during most of working life, even if retired) HOUSEWIIE 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAM	Birdin, Illinois U.S.A.
		James Brown Martha Smit 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	th Randall Powers
	L.	(Yes, no, Nonknown) (If yes, give war or dates of service) 491-26-9280A	Records, State Hospital No.4, Farmington Mo.
	DOCUMENT	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlu	ision instantaneous
	ŏ	Conditions, if any, DUE TO (b)	
		above cause (a), } stating the under- lying cause last. DUE TO (c)	
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT disease condition given in PART I (a) Psychosis with cerebral arterioscler	there a pregnancy in last 90 days.
		# 	COSIS. Yes (2) No Unknown OW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
		YES NO A Month, Day, Year INJURY a.m.	
		S	20f. CITY, TOWN, OR LOCATION COUNTY STATE
	•	21. I attended the deceased from Nov. 23, 1959 , to Dec.	22, 1959 and last saw her alive on Dec. 22, 1959 he date stated above, and to the best of my knowledge, from the causes stated.
	P.	224 SIGNATURE (Degree or title)	22b. ADDRESS State Hospital No. 4 22c. DATE SIGNED
H	AFFIDAVIT	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CRE	
			TE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE
	B	dere Ward Jertemille Mo (Licensed Embalmer's State	Jan. 13,1960 Sather Gudlooff Then on Reverse Side)

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 p	personal supervision.		$P \cap P \cdot 0$
Student		Signed	V. gain
!	Signature of Student Embalmer		, ` `
			Licensed Embalmer No. 453 8
, •		•	· O a' v
		•	Licensed Embalmer No. 4538
		THE LICENSED EMBALME	R in his OWN HANDWRITING. (Failure to
	titutes grounds for revocation		•
If embalmed	-by a STUDENT, he also shall	sign in his OWN handwri	iting.
If this body	is not embalmed, fact should b	né so stated above. 🕠 🦠	