## Missouri Living Will

## **DECLARATION**

I have the primary right to make my own decisions concerning treatment that might unduly prolong the dying process. By this declaration I express to my physician, family and friends my intent. If I should have a terminal condition it is my desire that my dying not be prolonged by administration of death-prolonging procedures. If my condition is terminal and I am unable to participate in decisions regarding my medical treatment, I direct my attending physician to withhold or withdraw medical procedures that merely prolong the dying process and are not necessary to my comfort or to alleviate pain. It is not my intent to authorize affirmative or deliberate acts or omissions to shorten my life rather only to permit the natural process of dying.

Signed this day of		
Printed Name of Declarant  Address:	Signature of Declarant	
	WITNESSETH	
The declarant is known to me, i presence.	s eighteen years of age or older, of sound n	nind and voluntarily signed this document in my
Witness #1:	Witness #2:	
Signature	Signature	<del></del>
Printed Name	Printed Name	
Address, Line 1	Address, Line 1	
Address, Line 2	Address, Line 2	
	REVOCATION PROVISION	
I hereby revoke the above declaration.		
Printed Name of Declarant	Signature of Declarant	



## **Missouri Durable Power of Attorney for Healthcare**

I,		
	(name of principal)	
hereby designate	(address)	
nervoy designate	(name of attorney in fact)	
	(address)	
(home telephone number)	(work telephone number)	
as my attorney in fact.		
In the event the person I do	esignate above is unable, unwilling or unavailable	to act as my attorney in fact, I hereby appoint
	(name of alternate attorney in fact)	
	(address)	
(home telephone number)	(work telephone number)	
I authorize my attorney in decisions to withhold or withdraw at to make all decisions regarding the medical circumstances.  I,	f incapacity shall be periodically reviewed by my fact and successor attorney in fact to make any an any form of life support. I expressly authorize my provision, the withholding or the withdrawing of, the principal, sign and being first duly sworn, do hereby decread and voluntary act for the purposes there in express.	t shall cease upon certification that I am no longer attending physician and my attorney in fact.  In all healthcare decisions for me, including attorney in fact (and alternate attorney in fact) artificially supplied nutrition and hydration in all
older, of sound mind, and under no	(principal)	
TIL CLA CAS	(ринсіраі)	
The State of Missouri The County of		
Subscribed, sworn to, and principal, this day of	acknowledged before me by  20	, the
(seal)		
(notary public)		

