

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **7246**

FILED APR 7 1952

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **52**

2043
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico	c. LENGTH OF STAY (in this place) 16 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico 0043	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain Hospital		d. STREET ADDRESS (If rural, give location) 316 E. Love 0	

3. NAME OF DECEASED (Type or Print) a. (First) AUGUSTA	b. (Middle) WRIGHT	c. (Last) POWELL	4. DATE OF DEATH (Month) (Day) (Year) March 27, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 5, 1862	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Boone County, Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Wm Pinkney Quisenberry	13b. MOTHER'S MAIDEN NAME Sarrah Frances Fulkerson	14. NAME OF HUSBAND OR WIFE Miss Lola Powell, Mexico, Mo.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Miss Lola Powell, Mexico, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction		14 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Adhesions following Appendectomy		unknown
DUE TO (c) Congestive Failure Coronary		unknown	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Heart Disease			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION. Heart Disease	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **3-12**, 19**52**, to **3-27**, 19**52**, that I last saw the deceased alive on **3-26**, 19**52**, and that death occurred at **5 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Ernest J. Smith (Degree or title) MD	23b. ADDRESS Mexico, Mo	23c. DATE SIGNED 3-28-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 29, 52	24c. NAME OF CEMETERY OR CREMATORY Elmwood	24d. LOCATION (City, town, or county) (State) Mexico, Missouri
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DATE REC'D BY LOCAL REG. Mar 29-1952	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE Earl E. Child	ADDRESS Mexico, Missouri
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(Licensed Emballer's Statement 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 me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Ralph S. Houston

Licensed Embalmer No. 4687

P. O. Address Mexico, 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 this body is not embalmed, fact should be so stated above.