

Health,
& Welfare
S. Public
th Service

FILED APR 18 1957

THE DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12050

STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3003 Registrar's No. 46

S. 300
v. 1-57
0

securing the medical certification in the specific manner required by statute. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Butler MO 0070 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Butler memorial		Length of stay in lb 6 days	d. STREET ADDRESS (If outside, give location) Pine tree rest Home Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First LeNoba Middle Eugenia Last Powell			4. DATE OF DEATH Month Mar Day 28 Year 1957
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar 2 1866
9. AGE (In years at birthday) 91		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Springfield Illinois
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME John Graham	
13b. MOTHER'S MAIDEN NAME Mary Johnson		14. NAME OF HUSBAND OR WIFE Booker P Powell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none	17. INFORMANT Ray Powell RFD Butler Mo Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Bronchitis - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Pneumonia DUE TO (c) General Senility			INTERVAL BETWEEN ONSET AND DEATH 5 days.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 491X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		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 March 23, 1957 to Mar 28, 1957 and last saw her alive on Mar. 28, 1957 Death occurred at 10:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Carter W. Luster M.D. (Degree or title)		22b. ADDRESS Butler Missouri	22c. DATE SIGNED 3/29/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/31/57	23c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery	23d. LOCATION (City, town, or county) (State) Butler Missouri
24. FUNERAL DIRECTOR Culver Underwood-Butler Missouri ADDRESS		25. DATE RECD. BY LOCAL REG. Mar. 31 - 57	26. REGISTRAR'S SIGNATURE Russell Kerney

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 *John J. Underwood*
Licensed Embalmer No. *3585*
P. O. Address *Butler 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.