

Dr. Powell  
FILED FEB 17 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-005075

STATE FILE NUMBER

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 138

300

1-57

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Taney</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Forsyth</b> 1060
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. John's Hosp.</b>		Length of stay in lb <b>3 Days</b>	d. STREET ADDRESS (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>LEONZO</b> Middle <b>VERNON</b> Last <b>BOOKOUT</b>			4. DATE OF DEATH Month <b>Feb.</b> Day <b>9</b> Year <b>1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 23 1879</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years less birthday) <b>78</b>
11. BIRTHPLACE (City and state or country) <b>Walnut Shade, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	IF UNDER 1 YEAR Months Days Hours Min.
13a. FATHER'S NAME <b>James Henry Bookout</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Isabel Weatherman</b>	14. NAME OF HUSBAND OR WIFE <b>Myrtle Myra Bookout</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>No unknown</b>		16. SOCIAL SECURITY NO. <b>500-05-3457A</b>	17. INFORMANT Address <b>Mrs. Myrtle Bookout Forsyth, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinomatosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>adenocarcinoma of the Prostate</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) <b>177X</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 mo.</b>
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 _____ o.m. _____ p.m. Month, Day, Year _____		19. WAS AUTOPSY PERFORMED? <b>YES</b> <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 <b>9-15-57</b> to <b>2-8-58</b> and last saw her alive on <b>2-8-58</b> Death occurred at <b>6:55 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Edwin M Powell MD</b>	
22b. ADDRESS <b>Springfield Mo</b>		22c. DATE SIGNED <b>2-10-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2/12/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Branson Memorial</b>	23d. LOCATION (City, town, or county) (State) <b>Branson, Mo.</b>
24. FUNERAL DIRECTOR <b>Forsyth Funeral Home, Forsyth, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>2-10-58</b>	26. REGISTRAR'S SIGNATURE <b>Offie G. Melton</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *A. L. McCann* .....

Licensed Embalmer No. *4777* .....  
P. O. Address *Springfield* .....

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.