

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026580  
STATE FILE NUMBER

FILED AUG 6 1958

Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <b>Putnam</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Putnam</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Unionville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Unionville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Monroe Hospital</b>		Length of stay in lb <b>6 Years</b>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Edward</b> Middle <b>Jesse</b> Last <b>0 Powell</b>			4. DATE OF DEATH Month <b>July</b> Day <b>13</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 16 1879</b>		9. AGE (In years last birthday) <b>78</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm Hand</b>	11. BIRTHPLACE (City and state or country) <b>Putnam County Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Issac Powell</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Folwell</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>480-28-1157</b>	17. INFORMANT <b>Ira Powell</b> Address <b>Unionville, Missouri</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>metastasis of carcinoma in lung to liver &amp; stomach</b> DUE TO (b) <b>163X</b> DUE TO (c) <b>163X</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Severity</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 years</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 _____ a.m. _____ p.m.			20d. INJURY OCCURRED WHILE AT <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>Jan 4 - 58</b> to <b>July 13 - 58</b> and last saw <b>him</b> alive on <b>July 13 - 58</b> Death occurred at <b>7:30 P.</b> on the date stated above; and to the best of my knowledge from the causes stated.					
22a. SIGNATURE <b>Chas L. Gault, Jr.</b> (Degree or title)			22b. ADDRESS <b>Unionville, Missouri</b>		22c. DATE SIGNED <b>7-15-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>July 15 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Unionville Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Unionville, Missouri</b>
24. FUNERAL DIRECTOR <b>Comstock Funeral Home</b> By <b>J. W. Comstock</b>		ADDRESS <b>Unionville, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>8-1-58</b>		26. REGISTRAR'S SIGNATURE <b>Marvell Durbin</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 *James W Cornstock* .....

Licensed Embalmer No. *4197* .....

P. O. Address *Springville* .....

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.