DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-029269

FILED VS SEP 14 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4235 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 32 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Trinity Luthern — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4128 Agnes — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: EGLANNA Middle: Last: POWELL
4. DATE OF DEATH: Month: Aug Day: 31 Year: 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Sept. 23, 1892
9. AGE (last birthday): 66
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper
10b. KIND OF BUSINESS OR INDUSTRY: Canning Speas Co.
11. BIRTHPLACE (City and state or country): Louisiana, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Angus B. Prettyman
13b. MOTHER'S MAIDEN NAME: Nettie Humphrey
14. NAME OF HUSBAND OR WIFE: Asa Powell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 486-05-6873
17. INFORMANT: Miss Bess Powell, 1515 Waverly Address K. /C., Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Bronchogenic Carcinoma — 1 year
DUE TO (c) Cerebral Metastasis — 1 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): None
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Sept 1, 1958 - Aug 31, 1959 and last saw her alive on Aug 31, 1959
Death occurred at 6:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M.B. Casebolt MD
22b. ADDRESS: 4000 Baltimore K.C. Mo.
22c. DATE SIGNED: 8/31/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-2-1959
23c. NAME OF CEMETERY OR CREMATORY: Gillian Cemetery
23d. LOCATION (City, town, or county) (State): Gillian, Mo.
24. FUNERAL DIRECTOR: Mellody-McGilley-Eylar Funeral Home Woodland-Linwood
ADDRESS
25. DATE RECD. BY LOCAL REG.: 8-31-59
26. REGISTRAR'S SIGNATURE: Nina Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF M. B. Casebolt

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed James E. Hackle

Signature of Student Embalmer

Licensed Embalmer No. 457

P. O. Address 14 C M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to 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.