

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5816**

FILED FEB 27 1956

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **115**

1. PLACE OF DEATH a. COUNTY PETTIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MONITEAU	
b. CITY (If outside corporate limits, write RURAL and give township) SEDALIA	c. LENGTH OF STAY (in this place) 1 WEEK	c. CITY OR TOWN CLARKSBURG	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION BOTHWELL HOSPITAL		f. STREET ADDRESS (If rural, give location) RURAL 06801	

3. NAME OF DECEASED (Type or Print)	a. (First) ELIZABETH	b. (Middle) HA BOUBE	c. (Last) POWELL	4. DATE OF DEATH (Month) (Day) (Year) FEB 17, 1956
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 14, 1903	9. AGE (In years last birthday) 52	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) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and State or Foreign Country) near-Overton, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Louis LaBoube	13b. MOTHER'S MAIDEN NAME Lena Withaus	14. NAME OF HUSBAND OR WIFE JOE B. POWELL
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE	16. SOCIAL SECURITY NO. 489-20-0356	17. INFORMANT'S SIGNATURE OR NAME JOE B. POWELL, CLARKSBURG, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Tumor - Metastatic	INTERVAL BETWEEN ONSET AND DEATH 4 1/2 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma - primary unknown	"
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 193x	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 **2-10**, 19**56**, to **2-17**, 19**56**, that I last saw the deceased alive on **2-17**, 19**56**, and that death occurred at **5:05P m.**, from the causes and on the date stated above.

23a. SIGNATURE Alvin L. Lowe MD	(Degree or title)	23b. ADDRESS Sedalia, Mo	23c. DATE SIGNED 2-18-56.
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2/19/56	24c. NAME OF CEMETERY OR CREMATORY CLARKSBURG	24d. LOCATION (City, town, or county) (State) CLARKSBURG, MO
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DATE REC'D BY LOCAL REG. 2-18-55	REGISTRAR'S SIGNATURE Louisa Coates, Deputy	25. FUNDAL DIRECTOR'S SIGNATURE Richard D. Corn - Jefferson, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Richard D. Conn

Licensed Embalmer No...470
P. O. Address...*1 Ipten, N*

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.