

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025203

STATE FILE NUMBER

FILED AUG 11 1958

Registration District No. 128

Primary Registration District No. 2002

Registrar's No. 761

76
300
1-57

1. PLACE OF DEATH a. COUNTY Green		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield, Mo.		c. CITY OR TOWN Lebanon	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital		d. STREET ADDRESS (If outside, give location) Plato Star Route	

3. NAME OF DECEASED (Type or print) First LELAH Middle POWNALL Last POWNALL			4. DATE OF DEATH Month July Day 31 Year 1958		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 1, 1897	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Pine Creek, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Ruban Noble		13b. MOTHER'S MAIDEN NAME Hillhouse		14. NAME OF HUSBAND OR WIFE William B. Pownall	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Burge Hospital, Springfield, 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) RETROPERITONEAL SARCOMA		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pulmonary + Neck Metastases		
DUE TO (c) Post-IRRADIATION REACTION		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 158X		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 10:00 a.m. Month, Day, Year 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 **June 10, 1958** to **July 31, 1958** last saw her alive on **July 31, 1958**
Death occurred at **10:00** a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Name or title) June T. Brown, M.D.	22b. ADDRESS Springfield, Mo.	22c. DATE SIGNED 8-1-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Aug. 3, 1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Rose Memorial Park	23d. LOCATION (City, town, or county) (State) Lebanon, Laclede, Missouri
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24. FUNERAL DIRECTOR ADDRESS H. J. Shadel Lebanon, Mo.	25. DATE RECD. BY LOCAL REG. 8-7-58	26. REGISTRAR'S SIGNATURE Effie E. Melton
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(Licensed Embalmer's Statement on Reverse Side)

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 *Lee Mason*

Licensed Embalmer No. *456 P*

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.