

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004319  
STATE FILE NUMBER

FILED JAN 29 1959

Registration District No. 372 Primary Registration District No. 6278 Registrar's No. 2

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>WRIGHT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death is right) a. STATE <b>MISSOURI</b> b. COUNTY <b>WRIGHT</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>BRUSH CREEK</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>HARTVILLE</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>DAUGHTERS HOME</b>		Length of stay in lb <b>2 YRS.</b>	d. STREET ADDRESS (If outside, give location) <b>ABOUT 6 MI. N. HARTVILLE</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>ELIZABETH EVELYN POWNALL</b>			4. DATE OF DEATH Month Day Year <b>1 10 59</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>7-31-1863</b>
9. AGE (In years) If UNDER 1 YEAR: Months <b>5</b> Days <b>9</b>		IF UNDER 24 HRS.: Hours <b>5</b> Min. <b>9</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	11. BIRTHPLACE (City and state or country) <b>LEBANON, MISSOURI</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>YOUNG BRIDGES</b>	
13b. MOTHER'S MAIDEN NAME <b>MARY FRANCIS BRADFORD</b>		14. NAME OF HUSBAND OR WIFE <b>MARUS W. POWNALL</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give branch of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT Address <b>ARCHIE BARR HARTVILLE, 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>Lobar Pneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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)			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 _____ 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>1-7-59</b> to <b>1-10-59</b> and last saw her alive on <b>1-9-59</b> . Death occurred at <b>5:30 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>F. E. Worthington, MD</b>		22b. ADDRESS <b>Hartville Mo</b>	22c. DATE SIGNED <b>1-22-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>1-13-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>EVENING SHADE</b>	23d. LOCATION (City, town, or county) (State) <b>WRIGHT CO. MO.</b>
24. FUNERAL DIRECTOR <b>Walter C. Simpson</b>		25. DATE RECD. BY LOCAL REG. <b>1-22-59</b>	26. REGISTRAR'S SIGNATURE <b>Bonnie J. Jones</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.

PA  
F  
7-10-1

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 William C. Simpson....., Student Embalmer No. 574..... working under my personal supervision.

Student William C. Simpson  
Signature of Student Embalmer

Signed [Signature].....

Licensed Embalmer No. 3848.....

P. O. Address [Signature].....

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.