

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16429

State File No. ....

FILED MAY 27 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <b>Carroll</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). —a. STATE <b>Missouri</b> b. COUNTY <b>Carroll</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Carrollton</b>		c. CITY OR TOWN <b>Carrollton</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <b>1201 N. Jefferson</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wetzel Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Oscar</b>	b. (Middle)	c. (Last) <b>Nowland</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 18, 1957</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 14, 1878</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Carroll Co., Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>James Nowland</b>	13b. MOTHER'S MAIDEN NAME <b>Harriett Walker</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Nowland</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Oscar Nowland, Carrollton, Mo.</b>	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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia of Prostate</b>		<b>Weeks</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Prostatic blockage of urethra (Complete)</b> DUE TO (c) <b>610X</b>		<b>Week</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>5-13-57</b>	19b. MAJOR FINDINGS OF OPERATION <b>Hypertrophy 3rd lob. of prostate.</b>	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) m.	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 May 3, 1957, to May 18, 1957 that I last saw the deceased alive on May 18, 1957, and that death occurred at 3:00 P. M. from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <b>Arthur W. Gibson</b>	23b. ADDRESS <b>Carrollton Mo</b>	23c. DATE SIGNED <b>5-18-57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5/20/1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Carrollton, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>5/20/57</b>	REGISTRAR'S SIGNATURE <b>Mr. Arthur Calver</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Standley &amp; Gibson, Carrollton, Mo.</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

45

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 *Ben W. Gibson*

Licensed Embalmer No. *2961*

P. O. Address *Carrollton*

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.