

Health, Welfare
Public
Service

300
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

23

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25515

STATE FILE NUMBER

FILED AUG 12 1957

Registration District No. 245 Primary Registration District No. 5834 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY Newton			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton		
b. CITY (If outside corporate limits, give TOWNSHIP only) Diamond		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Diamond		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) Home		Length of stay in lb Years	d. STREET ADDRESS (If outside, give location) RFD #1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Nellie Mae Showalter			4. DATE OF DEATH July 31, 1957		
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 24, 1904	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Newton County		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Loyd Brown			14. MOTHER'S MAIDEN NAME Lula Sloan		
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 Mr. Bill Showalter Diamond, 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) General carcinomatosis Papillary carcinoma of the left ovary Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)					INTERVAL BETWEEN DEATH Over 2 1/2 months Over 2 1/2 years.
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 Month, Day, Year a. m. 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 March 21, 1952 to July 31, 1957 and last saw her alive on July 25, 57 Death occurred at 7:30 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Blanche J. Smith</i>			22b. ADDRESS 410 Jackson, Joplin, Mo.		22c. DATE SIGNED 8-2-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-3-1957	23c. NAME OF CEMETERY OR CREMATORY Diamond Cemetery		23d. LOCATION (City, town, or county) (State) Diamond, Missouri
24. FUNERAL DIRECTOR Floyd E. Shewmake Jr. Granby		25. DATE RECD. BY LOCAL REG. Mo. 8-5-57		26. REGISTRAR'S SIGNATURE <i>Melvin C. Bowman</i>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. *Newton*

District File Number *85-7-180*

Date Filed *AUG 9 1957*

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 *Floyd E Sawmaked*

Licensed Embalmer No. *49*
P. O. Address *Box 58 Grant*

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