

Health,
& Welfare
S. Public
th Service

STANDARD CERTIFICATE OF DEATH

39555
STATE FILE NUMBER

FILED NOV 25 1957

Registration District No. 61

Primary Registration District No. 4107

Registrar's No. 33

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>El Dorado Springs</u>		c. CITY OR TOWN <u>El Dorado Spgs.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1017 N. Park</u>		d. STREET ADDRESS (If outside, give location) <u>1017 N. Park</u>	

3. NAME OF DECEASED (Type or print) First <u>Ralph</u> Middle <u>Arvel</u> Last <u>Nowell</u>			4. DATE OF DEATH Month <u>11</u> Day <u>20</u> Year <u>57</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9-26-1897</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper - City of El Dorado Spgs.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lawrence Co., Inc.</u>		11. BIRTHPLACE (City and state or country) <u>U. S. A.</u>	

13a. FATHER'S NAME <u>Cullen Nowell</u>		13b. MOTHER'S MAIDEN NAME <u>Bess Dennis</u>		14. NAME OF HUSBAND OR WIFE <u>Grace Nowell</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <u>no none</u>		16. AREA SECURITY NO. <u>496-10-5776</u>		17. INFORMANT <u>Grace Nowell - El Dorado Spgs.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>myocardial infarction</u> DUE TO (b) <u>coronary occlusion</u> DUE TO (c) <u>coronary arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
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 <u>4:23</u> Month <u>11</u> Day <u>20</u> Year <u>57</u> 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 <u>El Dorado Springs, Mo.</u>	COUNTY <u>Cedar</u>	STATE <u>MO.</u>
21. I attended the deceased from <u>Oct. 1957</u> to <u>11-20-57</u> and last saw him alive on <u>11-20-57</u> Death occurred at <u>9:23 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Robert R. Magee M.D.</u>	
22b. ADDRESS <u>El Dorado Springs, Mo.</u>		22c. DATE SIGNED <u>11-21-57</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-22-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	23d. LOCATION (City, town, county) (State) <u>El Dorado Spgs., Mo.</u>
24. FUNERAL DIRECTOR <u>Walter (brother) - El Dorado Spgs., Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-25-57</u>	26. REGISTRAR'S SIGNATURE <u>Thomas C. Durdon</u>

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAY 19 1958

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 *Max W. Seisking*

Licensed Embalmer No. *4696*

P. O. Address. *E. Dorado Spgs.*

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.