

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037242

State File No.

FILED NOV 3 1958

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Granby</u>	c. LENGTH OF STAY (in this place) <u>8 days</u>	c. CITY OR TOWN <u>Stella</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Carter Nursing Home</u>		e. STREET ADDRESS <u>0730</u> (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nancy</u> b. (Middle) <u>Ann</u> c. (Last) <u>Bowers</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 12 1958</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 1 1890</u>	9. AGE (In years last birthday) Months Days <u>68 7 11</u>	10. AGE (In years last birthday) Months Days Hours - Min. <u>68 7 11</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Stella, Mo. Rural</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>G. W. Collings</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Clapper</u>	14. NAME OF HUSBAND OR WIFE <u>J. C. Bowers</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>495-36-3489</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. C. Bowers</u>	ADDRESS <u>Stella, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>MINUTES</u> <u>22 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Anoxia</u>		
	DUE TO (c) <u>Cerebral Thrombosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>832X</u>	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) <u>Stella, Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>9-27-1958</u>	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 9-21-1958, to 9-27-1958, that I last saw the deceased alive on 9-27-1958, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>C. P. Holman</u>	(Degree or title) <u>D.O. 2</u>	23b. ADDRESS <u>Stella, Missouri</u>	23c. DATE SIGNED <u>10-13-58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-14-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>McDonald County Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Oct 15, 1958</u>	REGISTRAR'S SIGNATURE <u>M. L. Young</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Morris Tompkins</u>	ADDRESS <u>Stella, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

District Health Officer No: Newton
District File Number 1058-217
Date Filed OCT 20 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 James Kenneth Duncan
Licensed Embalmer No. 4767
P. O. Address Wheaton

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.