

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025674

FILED VS AUG 12 1960

STATE FILE NUMBER

Registration District No. 002 Primary Registration District No. 4009 Registrar's No. 53

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY ANDREW	b. CITY (If outside corporate limits, give TOWNSHIP only) SAVANNAH		c. CITY OR TOWN MATTLAND
Length of stay in 1b 2 1/2 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Laverne Heights		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First OLIVE	Middle MAY	Last NOWLAND	Month August	Day 3,	Year 1960
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-7-70	9. AGE (last birthday) 90	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 at home	11. BIRTHPLACE (City and state or country) Andrew County, Mo.	12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME William Couden		13b. MOTHER'S MAIDEN NAME Osie Cole		14. NAME OF HUSBAND OR WIFE E. R. Nowland	
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. - - -	17. INFORMANT Address Mrs. Vera Joy Kneale, Savannah, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 3 days
IMMEDIATE CAUSE (a) Bronchial Pneumonia		
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) Arterio-sclerotic heart disease		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown	
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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. _____	Month, Day, Year		
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 6-16-58 to 8-3-60 and last saw ^{her} alive on 8-1-60		Death occurred at 8:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE (Degree or title) Harold Baker MD.		22b. ADDRESS Savannah, Missouri		22c. DATE SIGNED 8-5-60
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 8-6-60	23c. NAME OF CEMETERY OR CREMATORY Maitland cemetery	23d. LOCATION (City, town, or county) (State) Maitland, Missouri	
24. FUNERAL DIRECTOR ADDRESS BRETT & HAWKINS SAVANNAH		25. DATE RECD. BY LOCAL REG. 8-5-60	26. REGISTRAR'S SIGNATURE Lillian Sparks	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James P. Hawkes

Licensed Embalmer No. 4532

P. O. Address Severna Park

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