

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031627

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 145

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

DOCUMENT

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|--|--|---|--|---|--|
| FILED SEP 4 1963 | | 1. PLACE OF DEATH a. COUNTY <u>Cass</u> | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Missouri</u> | | Length of stay in lb <u>16 days</u> | | c. CITY OR TOWN <u>Rural Event Turp.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cass Memorial Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>8 1/2 mi S.W. of Harrisonville</u> Inside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>IDA</u> Middle <u>R</u> Last <u>NOWLIN</u> | | | 4. DATE OF DEATH Month <u>Aug</u> Day <u>31</u> Year <u>1963</u> | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | |
| 8. DATE OF BIRTH <u>Oct 6 1875</u> | | 9. AGE (last birthday) <u>87</u> | | 10. IF UNDER 1 YEAR Months <u>7</u> Days <u>25</u> IF UNDER 24 Hours <u></u> Min. <u></u> | |
| 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 | | 11. BIRTHPLACE (City and state or country) <u>Henry Co. Mo</u> | |
| 12. CITIZENSHIP OF WHAT COUNTRY <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Aaron Chiving</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Kinney</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>J. H. Nowlin</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>[Redacted]</u> | |
| 17. INFORMANT <u>Mrs. Opal Starr Harrisonville Mo.</u> | | 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MYOCARDIAL INFARCTION (ACUTE)</u> DUE TO (b) <u>INTERSTITIAL NEPHRITIS</u> DUE TO (c) <u>ARTERIAL SCLEROSIS</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH <u>85 days</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | PART III. If deceased was female, was there a pregnancy in last 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 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></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u> | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>AUG 15-63</u> to <u>AUG 31</u> and last saw her/him alive on <u>AUG 30 1963</u> Death occurred at <u>1:30 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>David Long MD</u> (Degree or title) | | 22b. ADDRESS <u>Harrisonville Mo</u> | | 22c. DATE SIGNED <u>8/31-63</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>Sept 2 1963</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge Cemetery Harrisonville Mo</u> | |
| 23d. LOCATION (City, town, or county) <u>Harrisonville Mo</u> | | 23e. DATE RECD. BY LOCAL REG. <u>8-31-63</u> | | 23f. REGISTRAR'S SIGNATURE <u>Ray J. Sebes</u> | |

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

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 me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Ernest Runnenburger

Licensed Embalmer No.

3368

P. O. Address

Harrisonville Mo.

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.