

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033066

STATE FILE NUMBER

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 201

DO NOT WRITE ON THIS STUD

AMENDED

FILED SEP 9 1963

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Maryville</b>		Length of stay in 1b <b>5 weeks</b>	c. CITY OR TOWN <b>Hopkins</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>none</b>
3. NAME OF DECEASED (Type or print) First <b>DALE</b> Middle <b>L.</b> Last <b>SOWERS</b>		4. DATE OF DEATH Month <b>8</b> Day <b>24</b> Year <b>63</b>	

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/8/85</b>	9. AGE (last birthday) <b>77</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>10</b> Hours <b>15</b> Min.	IF UNDER 24 HR Hours <b>15</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer - retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own account</b>		11. BIRTHPLACE (City and state or country) <b>Hopkins, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>	

13a. FATHER'S NAME <b>A. B. Sowers</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Eads</b>		14. NAME OF HUSBAND OR WIFE <b>Effie Gray Sowers</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no, or unknown) (If yes, give war or dates of) <b>no</b>			16. SOCIAL SECURITY NO. <b>5</b>		17. INFORMANT <b>Mrs. Effie Sowers, Hopkins, Mo.</b>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma, head of Pancreas</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 mos</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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)		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	
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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 <b>Maryville, Missouri</b>	
21. I attended the deceased from <b>7/18/63</b> to <b>8/24/63</b> and last saw him alive on <b>8/24/63</b> Death occurred at <b>10:35</b> P. <b>5</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <i>[Signature]</i> (Degree or title) <b>M. D.</b>		22b. ADDRESS <b>Maryville, Missouri</b>		22c. DATE SIGNED <b>8/27/63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>8/27/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hopkins</b>	23d. LOCATION (City, town, or county) <b>Hopkins, Missouri</b>	

24. FUNERAL DIRECTOR <b>Price Funeral Home, Maryville, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>8-27-63</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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(Licensed Embalmer's Statement on Reverse Side)

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**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 *G. T. Merrick*

Licensed Embalmer No. 5788

P. O. Address Manvel, Tex.

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.