

FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5720

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri COUNTY Benton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cole Camp	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print) a. (First) Hazel b. (Middle) May c. (Last) Nowlin			4. DATE OF DEATH (Month) (Day) (Year) Feb. 5, 1949		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 2nd 1908		9. AGE (In years last birthday) 40		IF UNDER 1 YEAR Months 9 Days 3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Beaman Mo	
12. CITIZEN OF WHAT COUNTRY U.S.A.					

13a. FATHER'S NAME James Gosnell		13b. MOTHER'S MAIDEN NAME Elizabeth Myer		14. NAME OF HUSBAND OR WIFE Melvin Nowlin	
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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) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Melvin Nowlin Cole Camp Mo	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Breast		INTERVAL BETWEEN ONSET AND DEATH 1 yr	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 1-4, 1949, to 2-5, 1949, that I last saw the deceased alive on 2-5, 1949, and that death occurred at 8:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE M. P. Shy (Degree or title) M.D.		23b. ADDRESS Sedalia, Mo.		23c. DATE SIGNED 2-6-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-7-1949		24c. NAME OF CEMETERY OR CREMATORY Cole Camp Cemetery	
24d. LOCATION (City, town, or county) (State) Cole Camp Mo					

DATE REC'D BY LOCAL REG. Feb. 17, 1949		REGISTRAR'S SIGNATURE Betty Yeager		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. L. Eckhoff Cole Camp Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

80
64

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 2-21-49

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.

Signed _____

E L Eickhoff

Signed _____

Student Embalmer

Licensed Embalmer No. 730

P. O. Address Cole Camp 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 this body is not embalmed, fact should be so stated above.