

FILED AUG 2 1950

STANDARD CERTIFICATE OF DEATH

State File No. 22653

BIRTH NO. _____		REG. DIST. NO. <u>2</u>		PRIMARY REG. DIST. NO. <u>4006</u>		Registrar's No. <u>446</u>		
1. PLACE OF DEATH a. COUNTY <u>ANDREW</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ANDREW</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FILLMORE</u>		c. LENGTH OF STAY (In this place) <u>4-YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FILLMORE</u>		<u>0020</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>(HOME) FILLMORE, MISSOURI</u>				d. STREET ADDRESS (If rural, give location) <u>NONE</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>NANA</u>		b. (Middle) <u>BH</u>		c. (Last) <u>BOWLES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 28 1950</u>		
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>JULY 14, 1894</u>		
9. AGE (In years, last birthday) <u>55</u>		IF UNDER 1 YEAR Days <u>11</u>		IF UNDER 24 HRS. Hours <u>14</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 <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>MONROE CITY, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>WALTER ERNEST HUME</u>		13b. MOTHER'S MAIDEN NAME <u>MARHTA V. HUME</u>		14. NAME OF HUSBAND OR WIFE <u>CHARLES BOWLES</u>				
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>262-42-1369</u>		17. INFORMANT'S SIGNATURE OR NAME <u>CHARLES BOWLES, FILLMORE, MISSOURI</u> ADDRESS				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Cervix - Metastasis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Failure (Circulatory failure)</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> <u>1 week</u> <u>171X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>8/19, 1949</u> , to <u>6/28, 1950</u> , that I last saw the deceased alive on <u>6/28, 1950</u> , and that death occurred at <u>1:55 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Ernest L. Conrad - D.O.</u>				23b. ADDRESS <u>Fillmore</u>		23c. DATE SIGNED <u>6/28/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-30-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St Joseph Mo</u>		
DATE REC'D BY LOCAL REG. <u>6-30-50</u>		REGISTRAR'S SIGNATURE <u>Lillian Sparks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lillian Sparks</u>		ADDRESS <u>Savannah Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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



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
Student Embalmer

Signed *C. Nelson Cook*.....

Licensed Embalmer No. 4670.....

P. O. Address Savannah, 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.