

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9020

State File No. ....

S. No. 300  
v. 10.48

FILED APR 4 - 1957

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>49</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Prairie</u>		c. LENGTH OF STAY (If this place) <u>2 days</u>		c. CITY OR TOWN <u>Independence</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>823 South Marion 0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ottie</u>		b. (Middle) <u>May</u>		c. (Last) <u>Bowers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 15 - 1957</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify?) <u>widow</u>		8. DATE OF BIRTH <u>Dec 7, 1888</u>	
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 MRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Self-employed</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry F. Nace</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Cozy</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alfred M Bowers Indep. Mo</u>			
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* <u>Intestinal Obstruction</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Adhesions</u> DUE TO (c) <u>Postoperative Ventral Hernia 14 yrs</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio-sclerosis 15 yrs</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
19a. DATE OF OPERATION <u>3/14/57</u>		19b. MAJOR FINDINGS OF OPERATION <u>Bowel Adhesion - Ventral Hernia</u>				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) <u>5603</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>3-13</u> , 19 <u>57</u> , to <u>3-15</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>3-15</u> , 19 <u>57</u> , and that death occurred at <u>5:20 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree of title) <u>Dr. W. C. Carson</u>				23b. ADDRESS <u>314 Prof Bldg</u>		23c. DATE SIGNED <u>3/18/57</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Mar 19-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Knobnaster Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Knobnaster Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-19-57</u>		REGISTRAR'S SIGNATURE <u>W. C. Carson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. C. Carson, Indep. Mo.</u>			

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

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APR 2 1957

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 *J. H. Gibson*

Licensed Embalmer No. *4871*

P. O. Address *Indep. 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.