

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25695

STATE FILE NUMBER

FILED AUG 1 1957

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional, Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <u>Bowling Green</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Bowling Green</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>820 Reside on Farm</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>EMITA</u> Middle <u>Beth</u> Last <u>NAMBLETT</u>			4. DATE OF DEATH Month <u>July</u> Day <u>15</u> Year <u>1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 19 1899</u>	9. AGE (In years last birthday) <u>78</u>	10. UNDER 1 YEAR Months <u>7</u> Days <u>13</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state of country) <u>Pike Co. Mo</u>	
13. FATHER'S NAME <u>Robert Peery</u>			14. MOTHER'S MAIDEN NAME <u>Katherine Kramer</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Norman Hamblett</u> Address <u>Bowling Green Mo</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Anoxia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>approximately 24 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Cerebral Thrombosis</u>	
	DUE TO (c) <u>Hypertensive Arteriosclerosis 332X</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Sclerosis of Posterior and Lateral Tracts of the C.N.S.</u>		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 <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from <u>5/12/52</u> to <u>7/17/57</u> and last saw her alive on <u>7/17/57</u> Death occurred at <u>4:30 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>Ralph H. Hazle D.O.</u> (Degree or title)	22b. ADDRESS <u>519 W. Main Bowling Green Mo.</u>	22c. DATE SIGNED <u>7/25/57</u>

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>July 20 1957</u>	23c. NAME OF CEMETERY OR PREPARATORY <u>Memorial Garden</u>	23d. LOCATION (City, town, or county) (State) <u>Bowling Green Mo.</u>
24. FUNERAL DIRECTOR <u>Grace Bankhead</u>	ADDRESS <u>Bowling Green Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>7/26/57</u>	26. REGISTRAR'S SIGNATURE <u>Bill Robinson</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, Welfare, Public Service  
000-56  
Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

40

---

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 *Harold C. Kinsler*.....

Licensed Embalmer No. *45*.....

P. O. Address *Bowling*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.