

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033542  
STATE FILE NUMBER

FILED SEP 22 1958 Registration District No. 212 Primary Registration District No. 5779 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Eldon</u>		c. CITY OR TOWN <u>Eldon</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rt. 3.</u>		d. STREET ADDRESS (If outside, give location) <u>FRANKLIN TOWNSHIP</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>NELLIE HATTIE BASHORE</u>		4. DATE OF DEATH Month Day Year <u>SEPT. 10, 1958</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>CAUCASIAN</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JAN. 5, 1893</u>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>65</u> IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
11. BIRTHPLACE (City and state or country) <u>Eldon, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GEO. M. NETHLETON</u>		13b. MOTHER'S MAIDEN NAME <u>BARBARA E. WYCKLE</u>	
14. NAME OF HUSBAND OR WIFE <u>ORA. F. BASHORE</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>NONE</u>		17. INFORMANT Name Address <u>Harvey Bashore Eldon, 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>Intestinal Obstruction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Generalized carcinomatous primary uterus</u> DUE TO (c) <u>174X</u>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 Month, Day, Year o.m. p.m.		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 COUNTY STATE	
21. I attended the deceased from <u>May 1958</u> to <u>Sept 10 '58</u> and last saw her alive on <u>Sept 10, '58</u> Death occurred at <u>1:40 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>G. Oshelton M.D.</u> (Degree or title)		22b. ADDRESS <u>Eldon Mo</u>	
22c. DATE <u>Sept. 11, 1958</u>		22d. DATE SIGNED <u>Sept 11 1958</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. NAME OF CEMETERY OR CREMATORY <u>Eldon</u>	
23c. LOCATION (City, town, or county) <u>Eldon</u>		23d. LOCATION (City, town, or county) (State) <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Ernie D. Phillips</u> ADDRESS <u>Eldon</u>		25. DATE RECD. BY LOCAL REG. <u>Sept 11, '58</u>	
26. REGISTRAR'S SIGNATURE <u>Calveretta Wally</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health, & Welfare  
Public Health Service  
660 S. 300  
1-57  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

SEP 28 1958

SEP 17 58

Miller County  
Health Department

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 *Louis D. Phillips* .....

Licensed Embalmer No. *3663* .....

P. O. Address *Alton* .....

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.