

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012073

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 82

STATE FILE NUMBER

FILED APR 10 1963

1. PLACE OF DEATH

a. COUNTY Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN CarthageLength of stay in 1b
3 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo b. COUNTY Jasper

c. CITY OR TOWN Carthage Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 209 W 11thInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
209 W 11th Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
NELLIE HUSSEY BOWMAN4. DATE OF DEATH Month Day Year
April 2 1963

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH 6-22-1875 87 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife10b. KIND OF BUSINESS OR INDUSTRY
Housewife

11. BIRTHPLACE (City and state or country) Jasper Co. Mo 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME

Edwin Erastus Hussey

13b. MOTHER'S MAIDEN NAME

Eva Betts

14. NAME OF HUSBAND OR WIFE
Clarence C Bowman

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.

none

17. INFORMANT Address
Herbert C. Bowman R 2, Carthage, Mo18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Gangrene of foot
arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

2 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Mar 30 '63 to 4-2-63 and last saw her alive on April 1, 1963
Death occurred at 1:50 P M m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

George H. Wood

MO

22b. ADDRESS

1515 Hazel, Carthage, Mo

22c. DATE SIGNED

4-2-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial23b. DATE
4-4-6323c. NAME OF CEMETERY OR CREMATORY
Park Cemetery

23d. LOCATION (City, town, or county) Carthage

(State) Mo

24. FUNERAL DIRECTOR

KNELL MORTUARY

ADDRESS

Carthage Mo

25. DATE RECD. BY LOCAL REG.

4-4-63

26. REGISTRAR'S SIGNATURE

Ely Clinton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

6497

2497

3

4 1

5 2

6

7 0

8 2

9450.1

10

11

12 90-0

13 3-0

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. 683
working under my personal supervision.

Student

John A. McConnell
Signature of Student Embalmer

Signed

Frank W. Kneel

Licensed Embalmer No.

4440

P. O. Address

Carthage, 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.