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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 18 1949

State File No. 13411

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5286 Registrar's No. 55

1. PLACE OF DEATH
a. COUNTY Pulaski Rural Tavern Twp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY: Puleski

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Tavern Twp. c. LENGTH OF STAY (In this place)

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Tavern Twp.

d. FULL NAME OF HOSPITAL OR INSTITUTION

d. STREET ADDRESS (If rural, give location) 5 mi. South of Crocker

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Ira c. (Last) Lowery

4. DATE OF DEATH (Month) (Day) (Year) 3-10-49

5. SEX M

6. COLOR OR RACE W W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 2-22-1869

9. AGE (In years last birthday) 80-

10. MONTHS 1

11. DAYS 18

12. HOURS MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Farmer

11. BIRTHPLACE (State or foreign country) Pulaski Co. Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thomas Lowery

13b. MOTHER'S MAIDEN NAME Jane Nicholson

14. NAME OF HUSBAND OR WIFE Opal Lowery - Crocker Mo

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'S SIGNATURE OR NAME ADDRESS Opal Bartlett Lowery, Crocker, Mo.

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.

MEDICAL CERTIFICATION
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Failure

ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.

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

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES 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) Tavern Twp., Pulaski Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Billy Junior Hedger Coroner

23b. ADDRESS Crocker, Missouri

23c. DATE SIGNED 3/24/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3-12-49

24c. NAME OF CEMETERY OR CREMATORY Joiner Cemetery

24d. LOCATION (City, town, or county) (State) Pulaski Co. Missouri

DATE REC'D BY LOCAL REG. April 15, 1949

REGISTRAR'S SIGNATURE Thelma C. Buckholz

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. L. Hoops & Sons, Crocker, Mo.

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

Paul B Hooper

Licensed Embalmer No.

3261

P. O. Address

Greenville, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.