

FILED NOV 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33241

396

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 2000 Registrar's No. 942

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Greene</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Oklahoma</b> b. COUNTY <b>Kay</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Springfield, Mo.</b>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Braman</b>   |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <b>Veterans Administration Hospital</b> |  | d. STREET ADDRESS (If rural, give location)<br><b>Box 9</b>   |  |

|   |                               |  |  |  |  |
|---|-------------------------------|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>PHILIP</b> b. (Middle) <b>L.</b> c. (Last) <b>LOWRY</b>    |                               |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>October 27, 1950</b> |  |  |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> | 8. DATE OF BIRTH<br><b>11-19-95</b>                              | 9. AGE (In years last birthday) <b>54</b>                              | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Carpenter</b> |                               | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (State or foreign country)<br><b>Grove Springs, Mo.</b> |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |                               |  |  |  |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 13a. FATHER'S NAME<br><b>John L. Lowry</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Martha Reed</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>Mrs. Eva Lowry</b>                                      |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Yes WW I</b> |  | 16. SOCIAL SECURITY NO.<br><b>Unknown</b>       |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>VA Hospital Records, Springfield, Mo.</b> |  |

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|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Tuberculosis, pulmonary, chronic, far advanced, active.</b>                      |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><b>no 27</b> |
|  | 2. <b>Cor Pulmonale</b> 3. <b>Coronary Sclerosis</b>   |  |  |
|  | II. OTHER SIGNIFICANT CONDITIONS<br><i>Conditions contributing to the death but not related to the disease or condition causing death.</i> |  |  |

|   |  |   |
|---|--|---|
| 19a. DATE OF OPERATION  | 19b. MAJOR FINDINGS OF OPERATION   | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 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)                                     |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour):<br><b>VA</b> | 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 August 18, 1950, to October 27, 1950, ~~that I looked over the deceased~~ and that death occurred at 12:50p m., from the causes and on the date stated above.

|   |                                  |   |
|---|----------------------------------|---|
| 23a. SIGNATURE <b>P. L. EISELE, MD</b> (Degree or title)<br><b>Chief, Professional Services VA Hospital, Springfield, Mo.</b> | 23b. ADDRESS                     | 23c. DATE SIGNED<br><b>10-27-50</b>                   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 24b. DATE<br><b>Oct 30, 1950</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>National</b> |
| 24d. LOCATION (City, town, or county) (State)<br><b>Springfield, Missouri</b>   |                                  |   |

|   |   |  |   |
|---|---|--|---|
| DATE REC'D BY LOCAL REG.<br><b>10-30-50</b> | REGISTRAR'S SIGNATURE<br><b>W. E. Handley</b> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>W. E. Handley</b> | ADDRESS<br><b>W. E. Handley, F. H. Springfield, Mo.</b> |
|---|---|--|---|

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

NOV 6 1953

**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 Carl J. Glenn

Licensed Embalmer No. 4907

P. O. Address Springfield, 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 this body is not embalmed, fact should be so stated above.