

FILED JUL 24 1951

STANDARD CERTIFICATE OF DEATH

State File No. 22792

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466 Registrar's No. 614

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield, Rural, S. Campbell		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield, Rural, S. Campbell	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2790 Palmer Road		d. STREET ADDRESS (If rural, give location) 2790 Palmer Road	
3. NAME OF DECEASED a. (First) JAMES		b. (Middle) WESLEY	
c. (Last) LOWERY		4. DATE OF DEATH (Month) (Day) (Year) July 15, 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 11, 1877
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months 5 Days 4	IF UNDER 24 HRS. Hours 4 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Editor		10b. KIND OF BUSINESS OR INDUSTRY Newspapers	11. BIRTHPLACE (State or foreign country) Grove Springs, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Lowery	
13b. MOTHER'S MAIDEN NAME Martha Reed		14. NAME OF HUSBAND OR WIFE Mattie Lowery	
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. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME Lee Lowery ADDRESS Springfield, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Longestor Heart Failure ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary thrombosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4201
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 July , 19 50 , to July , 19 51 , that I last saw the deceased alive on July 15 , 19 51 , and that death occurred at 9:45 Pm. , from the causes and on the date stated above.			
23a. SIGNATURE L.M. Reagney (Degree or title) M.D.		23b. ADDRESS Springfield, Missouri	23c. DATE SIGNED 7/17/1951
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/17/1951	24c. NAME OF CEMETERY OR CREMATORY Shaddy Cemetery	24d. LOCATION (City, town, or county) (State) Springfield, Missouri
DATE REC'D BY LOCAL REG. 7-20-51	REGISTRAR'S SIGNATURE W.E. Handley	25. FUNERAL DIRECTOR'S SIGNATURE W.D. Ayre ADDRESS Goodwin Fun'l Service, Spfgld. Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Julian Goodwin

Signed.....

Student Embalmer

Licensed Embalmer No. 4562

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.