

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20813**

FILED JUL 10 1952

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 267

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City 3</u>	
c. LENGTH OF STAY (In this place) <u>Blue</u>		d. STREET ADDRESS (If rural, give location) <u>707 Utley (Rural, Blue)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8499 Truman Rd. Rural</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ralph</u> b. (Middle) <u>L.</u> c. (Last) <u>Mowery</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 25, 1952</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Jan. 24 1915</u>			9. AGE (In years last birthday) <u>37</u>		10. UNDER 1 YEAR Months _____ Days _____
11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Service Station Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u>			

13a. FATHER'S NAME <u>Enoch Mowery</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Meyers</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Mowery</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>486 07 8963</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Anna S. Mowery, Kansas City 3, Mo.</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bullet Wound Head</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E976X</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-25-52 6:55 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Self Inflicted</u>	

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 6:55A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. H. C. Cameron</u>		23b. ADDRESS <u>1034 Pinalta Bldg</u>		23c. DATE SIGNED <u>6-27-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/28/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cem.</u>	
		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>			

DATE REC'D BY LOCAL REG. <u>6-28-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. C. Carron Independence, Mo.</u>	
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WRITE PLAINLY—USING UNFADING 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 _____

Student Embalmer No. _____

Working under my personal supervision.

Student
Student Embalmer

Signed Harold E. Keedel

Licensed Embalmer No. 4609

P. O. Address Indep. 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.