

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5318

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5383 Registrar's No. 19

330

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

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>rural Gladden</u>) c. LENGTH OF STAY (in this place) <u>yr's</u>		c. CITY OR TOWN <u>rural</u> d. Is Residence within limits of a city or incorporated town? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>X</u>		e. STREET ADDRESS (If rural, give location) <u>near Turtle</u> <u>0330</u>	
3. NAME OF DECEASED a. (First) <u>Mary</u> b. (Middle) <u>Alby</u> c. (Last) <u>Mowery</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2/21/53</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>April 9/78</u>
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dent Co Mo</u>
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>Alexander Shirely</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Wells</u>	
14. NAME OF HUSBAND OR WIFE <u>Russell Mowery</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No X</u>		16. SOCIAL SECURITY NO. <u>X</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Otis Mowery</u>		ADDRESS <u>Salem 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pernicious anemia</u>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>2900</u>	
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) m.		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 <u>7-5-49</u> , 19 <u> </u> , to <u>2-18-53</u> , 19 <u> </u> , that I last saw the deceased alive on <u>2-18-53</u> , 19 <u> </u> , and that death occurred at <u>2 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>M. Hart, M.D.</u> (Degree or title)		23b. ADDRESS <u>Salem, Mo</u>	
23c. DATE SIGNED <u>2-23-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2/23/53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Stonehill Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Stonehill Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-23-53</u>		REGISTRAR'S SIGNATURE <u>M.M. Hart, M.D. by MGH</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>C. J. Spencer</u>		ADDRESS <u>Salem Mo</u>	

MAR 20 1954

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.....
Signature of Student Embalmer

Signed *Carl H. Jensen*

Licensed Embalmer No. *237*

P. O. Address *Salmon*

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.