

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **26109**BIRTH NO. _____ REG. DIST. NO. **374** PRIMARY REG. DIST. NO. **6274** Registrar's No. **31**

1. PLACE OF DEATH a. COUNTY Worth		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Middlefork 6274		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Middlefork 6274	
d. FULL NAME OF HOSPITAL OR INSTITUTION Grant City		d. STREET ADDRESS (If rural, give location) Grant City, Mo. 1130	

3. NAME OF DECEASED (Type or Print) a. (First) Richard b. (Middle) Henry c. (Last) Lowry			4. DATE OF DEATH (Month) (Day) (Year) 7 - 28 - 1954			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 8-31-1867	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 10 Days 28	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farm owner		11. BIRTHPLACE (City and State or Foreign Country) Dixon, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Benjamin F. Lowry		13b. MOTHER'S MAIDEN NAME Phoebe Ellen Shroder		14. NAME OF HUSBAND OR WIFE Lydia Lowry	
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 Mrs. Lydia Lowry Grant City, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 2yr
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of Liver		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. Arteriosclerosis, generalized						6 yrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5810				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)	
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 **Apr 21, 1949** to **July 28, 1954**, that I last saw the deceased alive on **July 28, 1954**, and that death occurred at **8 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank B. Matteson MD		23b. ADDRESS Grant City, Mo.		23c. DATE SIGNED 7-30-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7-30-54	24c. NAME OF CEMETERY OR CREMATORY Grant City Cemetery	24d. LOCATION (City, town, or county) (State) Grant City Mo.		

DATE REC'D BY LOCAL REG. Aug 8, 1954	REGISTRAR'S SIGNATURE John E. Dawson 345	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bill A. Purjes Grant City, Mo.
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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 Bill A. Dunfee

Licensed Embalmer No. 14908

P. O. Address Grant City, 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.