

FILED SEP 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29484

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>6093</u>		Registrar's No. <u>151</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Atchison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall, rural</u>		c. LENGTH OF STAY (in this place) township) <u>3 yr. 7 mos.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Atchison</u>		8158	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Missouri State School</u>				d. STREET ADDRESS (If rural, give location) <u>321 N. 11th St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Lowry</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 3, 1954</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Jan. 7, 1916</u>	9. AGE (In years last birthday) <u>8</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>27</u>	IF UNDER 12 HRS. Hours <u>1</u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Patient</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Edward Gallagher</u>		13b. MOTHER'S MAIDEN NAME <u>Eleanor Kramer</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Missouri State School records, Marshall, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Palsydittis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Epilepsy</u>				INTERVAL BETWEEN ONSET AND DEATH <u>since birth</u> <u>6 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>351x</u>				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) (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 <u>Sept. 1, 1954</u> , to <u>Sept. 3, 1954</u> , that I last saw the deceased alive on <u>Sept. 3, 1954</u> , and that death occurred at <u>2:30 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Vincent E. Shade</u>		23b. ADDRESS <u>Mo. State School, Marshall, Mo.</u>		23c. DATE SIGNED <u>9/3/1954</u>			
24a. BURIAL CREMATION REMOVAL (Specify) <u>removal</u>		24b. DATE <u>Sept. 3, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>Atchison, Kansas</u>		
DATE REC'D BY LOCAL REG. <u>9-14-54</u>	REGISTRAR'S SIGNATURE <u>Richard E. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Campbell-Blues</u>		ADDRESS <u>Marshall, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.4870
2

SEP 10 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 _____
Student Embalmer

Signed James H. Lewis Jr.
Licensed Embalmer No. 4709

P. O. Address Marshall, 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.