

FILED NOV 3 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34656**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **218** PRIMARY REG. DIST. NO. **5789** Registrar's No. **48**

1. PLACE OF DEATH a. COUNTY <b>Mississippi</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Mississippi</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural - St. James Twp</b>		c. CITY OR TOWN <b>0670</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <b>1/2 mile N.W. East Prairie</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1/2 mile N.W. East Prairie</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIE</b> b. (Middle) <b>MOWERY</b> c. (Last) <b>MOWERY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 16-1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>1-24-1898</b>	9. AGE (In years last birthday) <b>56</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Scott County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Emick Mowery</b>	13b. MOTHER'S MAIDEN NAME <b>Olivia McGill</b>	14. NAME OF HUSBAND OR WIFE <b>unk</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Della Mowery</b>	ADDRESS <b>East Prairie</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		<b>15 min</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Atherosclerosis</b>		<b>1 year</b>
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 <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept 16, 1954**, to **Oct 16, 1954**, that I last saw the deceased alive on **Oct 16, 1954**, and that death occurred at **3:19 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>D.P. Martin</b>	Degree or title	23b. ADDRESS <b>East Prairie Mo</b>	23c. DATE SIGNED <b>10-18-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-17-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>W.O.W. Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>East Prairie, Mo</b>
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DATE REC'D BY LOCAL REG. <b>10-28-54</b>	REGISTRAR'S SIGNATURE <b>Gertrude H. Harper</b>	147- <b>147-</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Wain's Funeral Home</b>	ADDRESS <b>East Prairie, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 30 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. \_\_\_\_\_

Date Filed OCT 30 1954

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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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Francis Shelby

Licensed Embalmer No. 275

P. O. Address East Prairie

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.