

FILED FEB 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 3691No. 300
72-486231
4530Registrar's No. 17

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. _____		Registrar's No. <u>17</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Vernon		b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Richards		a. STATE Missouri		b. COUNTY Vernon	
c. LENGTH OF STAY (in this place) 36 years		c. CITY (If outside corporate limits, write RURAL and give township) Richards Missouri		c. CITY (If outside corporate limits, write RURAL and give township) Richards Missouri		1080	
d. FULL NAME OF HOSPITAL OR INSTITUTION Richards Missouri - AT HOME				d. STREET ADDRESS (If rural, give location) 1 mi. west of Richards Missouri			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) Harry	b. (Middle) Franklin	c. (Last) Lowry	Date January 27, 1955	Month January	Day 27	Year 1955	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec, 23, 1900	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months 1	IF UNDER 1 YEAR Days 4	IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and State or Foreign Country) Princeton Missouri		12. CITIZEN OF WHAT COUNTRY? US			
13a. FATHER'S NAME Andrew Warren Lowry		13b. MOTHER'S MAIDEN NAME Maud May Shaw		14. NAME OF HUSBAND OR WIFE Mildred Marcette Hudson			
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 wife Mildred Marcette Hudson Lowry Richards, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 30 minutes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion	DUE TO (b) Blow to chest in car wreck					
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 6 mos ago	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"/>	
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) Richards Missouri Vernon					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 6 1954 8:30	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? car wreck					
22. I hereby certify that I attended the deceased from Jan 10/55 to 27 Jan, 1955 , that I last saw the deceased alive on 25 Jan, 1955 , and that death occurred at 4:45 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. Cooper			23b. ADDRESS Fort Scott Kansas			23c. DATE SIGNED Jan 27 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 1/29/55	24c. NAME OF CEMETERY OR CREMATORY White Cemetery		24d. LOCATION (City, town, or county) (State) 3 mi south of Richards Missouri			
DATE REC'D BY LOCAL REG. 2-2-55	REGISTRAR'S SIGNATURE Anna E. Ferry	25. FUNERAL DIRECTOR'S SIGNATURE Cheney Undertaking co.	ADDRESS Orlando A. Cheney Fort Scott, Kansas				

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

VS SEP 14 1960

MAR 11 1966

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, only

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Student Embalmer No. #####

working under my personal supervision.

Student #####
Student Embalmer

Signed O. A. Cheney
Orlando A. Cheney
Licensed Embalmer No. 2613

P. O. Address Fort Scott, Kansas

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.