

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4461**

FILED MAR 7 1955

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4199 Registrar's No. 31

380
3

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

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| 1. PLACE OF DEATH a. COUNTY <u>Gentry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Davies</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>McFall, Mo.</u> | | c. CITY OR TOWN <u>Pattonsburg</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____ | | e. STREET ADDRESS (If rural, give location) <u>Rt. #1</u> <u>0310</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u> b. (Middle) <u>Hobert</u> c. (Last) <u>Lowrey</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 23, 1955</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>April 29, 1922</u> | 9. AGE (In years last birthday) <u>32</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>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Cattelman</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Pattonsburg, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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| 13a. FATHER'S NAME <u>Clarence Herman Lowrey</u> | 13b. MOTHER'S MAIDEN NAME <u>Catherine E. Miller</u> | 14. NAME OF HUSBAND OR WIFE <u>Geraldine Lowrey</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> | (If yes, give war or dates of service) <u>World War #2</u> | 16. SOCIAL SECURITY NO. <u>189-22-9706</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Geraldine Lowrey</u> | ADDRESS <u>Pattonsburg, Mo.</u> |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>accidental trauma to right side of head and face</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u> |
| | DUPLICATE OF ABOVE CAUSE (b) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Explosion of gas tank E9166 40</u> | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public garage</u> | 21c. (CITY, TOWN, OR TOWNSHIP) <u>038</u> (COUNTY) <u>McFall, Gentry, Mo.</u> (STATE) _____ |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2-23-55 3:30 pm.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Cutting hole in fuel tank.</u> |

22. I hereby certify that I attended the deceased from _____, 19____, to 2-23, 1955, that I last saw the deceased alive on 2-23, 1955, and that death occurred at 2:30 pm., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>C. J. Pray D.O.</u> (Degree or title) | 23b. ADDRESS <u>Albany, Mo.</u> | 23c. DATE SIGNED <u>2-25-55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>2-27-1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Old Town Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Pattonsburg, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>2-28-55</u> | REGISTRAR'S SIGNATURE <u>Maudie Williams</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Miss Guel...</u> | ADDRESS <u>Pattonsburg, Mo.</u> |
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(Licensed Emballer's Statement on Reverse Side)

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 *Louis Quast*

Licensed Embalmer No. *409*

P. O. Address *Patton*

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.