

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5423**

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 330

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u>		c. CITY OR TOWN <u>Buffalo-Rural</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Rural Buffalo, Mo. 0300</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Orval</u>	b. (Middle) <u>Joe</u>	c. (Last) <u>Stowe</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 4, 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>Nov. 4, 1906</u>	9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR Months <u>4</u> Days _____	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) <u>Marble Engraver</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Monument work</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Laclede Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Frank Stowe</u>	13b. MOTHER'S MAIDEN NAME <u>Tressa Corkrey</u>	14. NAME OF HUSBAND OR WIFE <u>Fadra Stowe</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>699-03-2430</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Fadra Stowe</u>	ADDRESS <u>Buffalo, 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>Pneumonitis, acute</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>pneumonitis chronic</u> DUE TO (c) <u>Silicosis</u>		
	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"/>
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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) <u>5230</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 3/1, 1955 to 3/4, 1955, that I last saw the deceased alive on 3/3, 1955, and that death occurred at 3:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>F.H. Johnson</u> (Degree or title) <u>MO</u>	23b. ADDRESS <u>Lebanon Mo</u>	23c. DATE SIGNED <u>3-7-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-7-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Dallas Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-7-1955</u>	REGISTRAR'S SIGNATURE <u>Albella L. Gray</u>	424	25. FUNERAL DIRECTOR'S SIGNATURE <u>Montgomery Funeral Home</u>	ADDRESS <u>Buffalo Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 18 1958

Received 3-14-58
Laclede County Health Un
File No. 23
Date Filed 3-14-58

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 Lilyde Montgomery

Licensed Embalmer No. 359

P. O. Address Buffalo

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.