

300
48
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16027

FILED MAY 18 1955

State File No.

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3042 Registrar's No. 1021

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>620 Mark Twain Ave.,</u>		d. STREET ADDRESS (If rural, give location) <u>620 Mark Twain Ave.,</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>James</u>	b. (Middle) <u>Newton</u>	c. (Last) <u>Lowry</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5-5-1955</u>
-------------------------------------	-------------------------	---------------------------	------------------------	---

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>12/12/1891</u>	9. AGE (In years last birthday) <u>63</u>	10. UNDER 1 YEAR Months	11. UNDER 1 MRS. Hours	12. UNDER 1 MRS. Min.
--------------------	-------------------------------	---	------------------------------------	---	-------------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal Miner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>State of Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	--	--

13a. FATHER'S NAME <u>James Lowry</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Grimes</u>	14. NAME OF HUSBAND OR WIFE <u>Arvilla Lowry</u>
---------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nancy Thompson, c/White House,</u>	ADDRESS <u>Jct. 30&61, Hannibal, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Self inflicted gunshot wound</u>		MEDICAL CERTIFICATION <u>Jct. 30&61, Hannibal, Mo.</u>	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>wound</u>			
	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 <u>E976 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hannibal Marion Missouri</u>
---	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5 5 1955 2 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	---	----------------------------

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>J.M. O'Donnell</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Hannibal, Marion Co., Mo.</u>	23c. DATE SIGNED <u>5/6/1955</u>
---	---	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/7/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Halls County, Mo.</u>
---	---------------------------	--	--

DATE REC'D BY LOCAL REG. <u>May 9-1955</u>	REGISTRAR'S SIGNATURE <u>Edmund Lucke, Reg. H. C. Fisher, Michael J. O'Donnell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Michael J. O'Donnell</u>	ADDRESS <u>Hannibal, Mo.</u>
--	--	--	------------------------------

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAY 16 1955
MARION CO. HEALTH DEPT.
DATE FILED MAY 16 1955

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Michael J. O'Honnell

Licensed Embalmer No. 3246

P. O. Address Hannibal MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.