

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5813

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 120

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pettis</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> |  | c. CITY OR TOWN <u>Green Ridge</u>   | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>02/20</u> |
| c. LENGTH OF STAY (in this place) <u>5 mos.</u>   |  | STREET ADDRESS (If rural, give location) <u>Route # 2, Green Ridge Twsp.</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>                            |  |  |  |

|                                     |                           |                          |                        |  |
|-------------------------------------|---------------------------|--------------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>RUSSELL</u> | b. (Middle) <u>EVANS</u> | c. (Last) <u>MOWRY</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>February 21, 1956</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>July 29, 1883</u> | 9. AGE (In years last birthday) <u>72</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>Own Farm</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Pettis Co., Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|---|---|--|--|

|                                       |  |   |
|---------------------------------------|--|---|
| 13a. FATHER'S NAME <u>Scott Mowry</u> | 13b. MOTHER'S MAIDEN NAME <u>Ann Embry</u> | 14. NAME OF HUSBAND OR WIFE <u>Ella Janes Mowry</u> |
|---------------------------------------|--|---|

|  |                                     |   |
|--|-------------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ella Mowry, Green Ridge, Mo.</u> |
|--|-------------------------------------|---|

|   |  |  |   |
|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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>Generalized peritonitis</u>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>unknown</u><br><br><u>1 year</u><br><u>1 1/2 yrs</u> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Multiple perforations duodenum, ulcer</u> |  |   |
|   | DUE TO (c) <u>Encephalomalacia due to metastatic tumor</u>   |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>a pleural mesothelioma</u>   |  |  |   |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|----------------------------------|--|

|  |  |   |
|--|--|---|
| 21a. ACCIDENT (Specify) SUICIDE HOMICIDE | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|--|--|---|

|  |  |                            |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from July 19, 1956 to 21 Feb, 1956, that I last saw the deceased alive on 21 Feb, 1956, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

|  |  |                                   |
|--|--|-----------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Carl D. Siegel, M.D.</u> | 23b. ADDRESS <u>1216 West 118th St. Sedalia, Mo.</u> | 23c. DATE SIGNED <u>21 Feb 56</u> |
|--|--|-----------------------------------|

|   |                            |  |  |
|---|----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>2/23/1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Antioch Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Pettis Co., Mo.</u> |
|---|----------------------------|--|--|

|   |  |  |
|---|--|--|
| DATE REC'D BY LOCAL REG. <u>2-23-56</u> | REGISTRAR'S SIGNATURE <u>Lavina Coontz, Deputy</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.W. Eckhart, Sedalia, Mo.</u> |
|---|--|--|

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

GILLESPIE FUNERAL HOME

MAX 19 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, or by....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Russell P. Maag*

Licensed Embalmer No. 480

P. O. Address *Sedalia,*

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.