No. 300
10.48

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

FILED FEB 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7802

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4518 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: Taney
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hollister
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): On Highway 65

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Taney
c. CITY OR TOWN: Kirbyville
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Rural - Oliver Twp. 10 0

3. NAME OF DECEASED (Type or Print)
a. (First): Clell
b. (Middle): Dale
c. (Last): Lowry

4. DATE OF DEATH (Month) (Day) (Year): 2 - 5 56

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 11-4-1934
9. AGE (In years last birthday): 21 — 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): Packinghouse
10b. KIND OF BUSINESS OR INDUSTRY: Labour
11. BIRTHPLACE (City and State or Foreign Country): Kirbyville Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Troy W Lowry
13b. MOTHER'S MAIDEN NAME: Mabel R Rose
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 487-36-7927
17. INFORMANT'S SIGNATURE OR NAME: Troy Lowry — ADDRESS: Kirbyville 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Broken Neck
DUE TO (c) Broken R Leg - Chest Injuries

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: none
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 65
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Hollister Taney Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 2 - 5 56 1220 A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Car accident

22. *I hereby certify that I attended the deceased from* 2-5, 1956 *to* 2-5, 1956 *that I last saw the deceased alive on* 2-5, 1956 *and that death occurred at* 1220 A m., *from the causes and on the date stated above.*

23a. SIGNATURE By order of Local Reg. (Degree or title): Harry Forsyth Coroner
23b. ADDRESS: Branson Mo
23c. DATE SIGNED: 2-6-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-12-56
24c. NAME OF CEMETERY OR CREMATORY: Edwards Cemetery
24d. LOCATION (City, town, or county) (State): Kirbyville Mo

DATE REC'D BY LOCAL REG.: 2/16/56
REGISTRAR'S SIGNATURE: Helen Campbell 514
25. FUNERAL DIRECTOR'S SIGNATURE: Whitehead F. Home — ADDRESS: Branson Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Minnie L. Whitehel

Licensed Embalmer No. 227

P. O. Address Branson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.