

FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12428

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>446</u>			
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>Most of life</u>		c. CITY OR TOWN <u>St. Joseph</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>213 W. Chestnut St.</u>				e. STREET ADDRESS (If rural, give location) <u>213 W. Chestnut St.</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Adolph</u>		b. (Middle) <u>Cole</u>		c. (Last) <u>(Ace) Mowry</u>			
4. DATE OF DEATH		(Month) <u>April</u>		(Day) <u>20,</u>		(Year) <u>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>Sept. 30, 1900</u>			
9. AGE (In years last birthday) <u>55</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Self employed</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Graham, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Cafe Operator</u>		13a. FATHER'S NAME <u>Daniel N. Mowry</u>		13b. MOTHER'S MAIDEN NAME <u>Dora Cowden</u>			
13c. FATHER'S NAME		13d. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <u>Flora L. Mowry</u>					
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>491-09-6375</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Flora L. Mowry St. Joseph, 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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY EDEMA</u>				ANTECEDENT CAUSES				<u>3 DAYS</u>	
DUE TO (b) <u>CARDIAC DECOMPENSATION</u>				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				<u>2 MONTHS</u>	
DUE TO (c) <u>MITRAL STENOSIS, RHEUMATIC HEART</u>				II. OTHER SIGNIFICANT CONDITIONS				<u>UNKNOWN</u>	
Conditions contributing to the death but not related to the disease or condition causing death.				19a. DATE OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION				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>410X</u>				21d. TIME OF INJURY (Month) (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 <u>NOV. 25</u> , 19 <u>55</u> , to <u>APRIL 20</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>APRIL 20</u> , 19 <u>56</u> , and that death occurred at <u>1:30 A.M.</u> , from the causes and on the date stated above.				23a. SIGNATURE (Degree or title) <u>[Signature]</u>	
23b. ADDRESS <u>1302 FARREN St. Joseph, Mo.</u>				23c. DATE SIGNED <u>4-20-56</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Apr. 23, 1956</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>Apr 24, 1956</u>				REGISTRAR'S SIGNATURE <u>Kenneth M. Allison</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

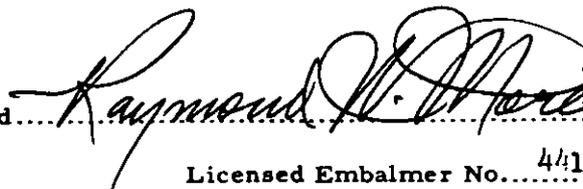
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MAY 16 1956

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.....


Licensed Embalmer No..... 441

P. O. Address... St. Joseph,

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