

FILED NOV 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37502**

BIRTH NO. _____		REG. DIST. NO. 99		PRIMARY REG. DIST. NO. 4168		Registrar's No. 61	
1. PLACE OF DEATH a. COUNTY DeKalb				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY DeKalb			
b. CITY (If outside corporate limits, write RURAL and give township) Maysville		c. LENGTH OF STAY (in this place) 20yrs		c. CITY OR TOWN Maysville		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				e. STREET ADDRESS (If rural, give location) 0220			
3. NAME OF DECEASED (Type or Print) a. (First) ETTA		b. (Middle) LEE		c. (Last) LOWRY		4. DATE OF DEATH (Month) (Day) (Year) Nov. 5 1956	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, 2 WIDOWED DIVORCED (Specify)		8. DATE OF BIRTH October 13 1880	
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months		IF UNDER 4 HRS. Days		IF UNDER 15 MIN. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Gentry County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Robert Giles		13b. MOTHER'S MAIDEN NAME Luella Childs		14. NAME OF HUSBAND OR WIFE George Lowry			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. XX		17. INFORMANT'S SIGNATURE OR NAME Mrs Margaret Rea, Maysville Missouri		ADDRESS	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage DUE TO (c) arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 weeks 1 yr ago 15 yrs?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		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?				22. I hereby certify that I attended the deceased from June 19 1955 to Nov 5 1956 that I last saw the deceased alive on Nov 5 1956 and that death occurred at 8:50 a.m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Dr. Gerald Frederick Wells		23b. ADDRESS Maysville Missouri		23c. DATE SIGNED 11/6-56			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 11/7-56		24c. NAME OF CEMETERY OR CREMATORY Winslow		24d. LOCATION (City, town, or county) (State) King City Mo. R.F.D.	
DATE REC'D BY LOCAL REG. 11/19/56		REGISTRAR'S SIGNATURE Kasimir Davison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PILCHER FUNERAL HOME MAYSVILLE MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

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

Licensed Embalmer No...3960....

P. O. Address Maysville Mo.....

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.