

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018850
STATE FILE NUMBER

DECEASED MAY 21 1958 Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 80

300
-57
320

1. PLACE OF DEATH a. COUNTY <i>Laclede</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Dallas</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Lebanon</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Lebanon</i> 0309 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Wallace Hosp</i>		Length of stay in 1b <i>7 hrs.</i>	d. STREET ADDRESS (If outside, give location) <i>Brice Route</i> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Willie Bill Lowery</i>			4. DATE OF DEATH Month Day Year <i>May 8, 1958</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER-MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>March 20 1905</i>
9. AGE (In years last birthday) <i>53</i>		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) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farm</i>	11. BIRTHPLACE (City and state or country) <i>Laclede Co. Mo.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		13a. FATHER'S NAME <i>John R. Lowery</i>	
13b. MOTHER'S MAIDEN NAME <i>Mahala Mustain</i>		14. NAME OF HUSBAND OR WIFE <i>Ora Lowery</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>493-16-1035</i>	
17. INFORMANT <i>Ora Lowery</i>		Address <i>Lebanon Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cancer of liver with metastases.</i>			INTERVAL BETWEEN ONSET AND DEATH <i>5 years</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>1561</i>			
20a. ACCIDENT SUICIDE HOMICIDE <i>None</i>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <i>5/8/58</i> to <i>5/8/58</i> and last saw him alive on <i>5/8/58</i> Death occurred at <i>11:30 A.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <i>Ernest Z. Fisher M.D.</i>		22b. ADDRESS <i>Lebanon, Mo</i>	22c. DATE SIGNED <i>5/10/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>5/11/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Lowery Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Laclede Co. Mo.</i>
24. FUNERAL DIRECTOR <i>Holman</i>		ADDRESS <i>Lebanon Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>5-10-1958</i>
		26. REGISTRAR'S SIGNATURE <i>Hella L. Hays</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

VS
MAY 4
1959

Received MAY 19 1958
Laclede County Health Unit
File No. 80
Date Filed MAY 19 1958

VS
MAY 3
1959

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon

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.