

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029474

STATE FILE NUMBER

FILED AUG 29 1958

Registration District No. 162

Primary Registration District No. 5594

Registrar's No. 75

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JEFF	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MERAMBLE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Dittmer Mo 6500
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ridge Road		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Highway 30
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last MARGARET J. LOWERY			4. DATE OF DEATH Month Day Year 8-7-58	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC 28-1913	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SEAMSTRESS		10b. KIND OF BUSINESS OR INDUSTRY DRESS SHOP	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months Days
			IF UNDER 24 HRS. Hours Min.	11. BIRTHPLACE (City and state or country) EAST ST LOUIS ILL.
13a. FATHER'S NAME WILLIAM OBRIEN		13b. MOTHER'S MAIDEN NAME ELLEN FAGAN	14. NAME OF HUSBAND OR WIFE FRANCIS CHOWERY (DECD)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 494-26-666	17. INFORMANT Address Richard B. Lowery Dittmer Mo	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) FRACTURED SKULL		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) CIRCUMSTANCES UNKNOWN.
20c. TIME OF INJURY Hour Month, Day, Year 11:00 p.m. 8/7/58	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	20f. CITY, TOWN, OR LOCATION Meramble	COUNTY JEFF.	STATE MO.
21. I attended the deceased from Inquest to _____ and last saw her alive on _____ Death occurred at 11:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) James A. [Signature] 3		22b. ADDRESS Dittmer Mo	22c. DATE SIGNED 8/9/58
23a. BURIAL, CREMATION, REPLYAL (Specify) BURIAL	23b. DATE 8/11/58	23c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PARK	23d. LOCATION (City, town, or county) (State) ST LOUIS MO
24. FUNERAL DIRECTOR W. [Signature] Home Home Spring		25. DATE RECD. BY LOCAL REG. 8-11-58	26. REGISTRAR'S SIGNATURE Robert E. Bauer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

SEP 9 1958

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

AUG 27 1958

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 *Harvey Rable*
Licensed Embalmer No. *45-96*
P. O. Address *St. Louis*

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.