

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031572

STATE FILE NUMBER

8032

FILED AUG 25 1958 Registration District No. 373 Primary Registration District No. 4545 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>WEBSTER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before (insert date)) a. STATE <b>MO</b> b. COUNTY <b>WEBSTER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MARSHFIELD</b>		c. CITY OR TOWN <b>MARSHFIELD</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>WILLIS</b> Middle <b>W</b> Last <b>MOWERY</b>			4. DATE OF DEATH Month <b>JULY</b> Day <b>30</b> Year <b>1958</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MAR 14 1873</b>		9. AGE (In years, months, days, hours, min.) <b>85</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RET FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>IOWA</b>	
12a. FATHER'S NAME <b>PHILNIS MOWERY</b>		13b. MOTHER'S MAIDEN NAME <b>MARTHA FLEMING</b>		14. NAME OF HUSBAND OR WIFE <b>HERMAN MOWERY NIANGUA</b>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>HERMAN MOWERY NIANGUA</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Vascular accident</b>					INTERVAL BETWEEN ONSET AND DEATH <b>acute 2-3 min</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>General arteriosclerosis</b>					
DUE TO (c) <b>331X</b>					
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 type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. CITY, TOWN, OR LOCATION <b>331X</b>		20f. COUNTY <b>MO</b>		20g. STATE <b>MO</b>	

21. I attended the deceased from <b>7 May 58</b> to <b>30 July 58</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>30 July 58</b> Death occurred at <b>9:00 P</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>J. M. Macdonell MD</b>			22b. ADDRESS <b>Marshfield, Mo.</b>		22c. DATE SIGNED <b>2 Aug 58</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>8-5-1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>FAIR VIEW</b>	
24. FUNERAL DIRECTOR <b>BARBER EDWARDS MARSHFIELD</b>			25. DATE RECD. BY LOCAL REG. <b>8-18-58</b>		26. REGISTRAR'S SIGNATURE <b>J. Francis</b>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

0  
5. 300  
1-57

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 *George Stapp* .....

Licensed Embalmer No. *3161* .....

P. O. Address *Wm. Lewis, Md.* .....

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.