

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-005250

STATE FILE NUMBER

FILED MAR 2 1958 Registration District No. 128 Primary Registration District No. 2 Registrar's No. 156A

|  |                                  |   |  |
|--|----------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Brewer</u>   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Brewer</u>   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Ash Grove</u>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <u>Ash Grove</u> c 39 6<br>Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>        |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION   |                                  | Length of stay in 1b<br><u>many years</u>   | d. STREET ADDRESS (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>Rosa ELLEN Lowery</u>   |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><u>Feb 13-1959</u>   |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>white</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>   | 8. DATE OF BIRTH<br><u>March 10-1896</u>   |
| 9. AGE (In years last birthday)<br><u>82</u>   |                                  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Corall Co. Kentucky</u>   |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>  |                                  | 13a. FATHER'S NAME<br><u>Charley Yacon</u>  | 13b. MOTHER'S MAIDEN NAME<br><u>Sarah Hutchinson</u>   |
| 14. NAME OF HUSBAND OR WIFE<br><u>Sherman Lowery</u>   |                                  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>   | 16. SOCIAL SECURITY NO.<br><u>none</u>   |
| 17. INFORMANT<br><u>Mary Kieb - Ash Grove. Mo.</u>   |                                  | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Hypostatic pulmonary congestion</u><br>DUE TO (b) <u>Prolonged recumbency</u><br>DUE TO (c) <u>Arteriosclerotic cardiovascular disease</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |  |
| INTERVAL BETWEEN ONSET AND DEATH<br><u>5 days</u>  |                                  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2   |  |
| 20a. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <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<br>Hour Month, Day, Year<br>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<br>COUNTY STATE   |                                  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE   |  |
| 21. I attended the deceased from <u>June 1944</u> to <u>Feb. 13, 1959</u> and last saw <sup>her</sup> <del>him</del> alive on <u>Feb. 12, 1959</u><br>Death occurred at <u>12:05 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. |                                  | 22a. SIGNATURE (Degree or title)<br><u>Home F. Matz, D.O. 2</u>   |  |
| 22b. ADDRESS<br><u>Ash Grove, Missouri</u>   |                                  | 22c. DATE SIGNED<br><u>2-13-59</u>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>2-14-59</u>      | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Kelley Cemetery</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>Ash Grove. Mo.</u>   |
| 24. FUNERAL DIRECTOR<br><u>Brewer - Summit Ash Grove. Mo.</u>  |                                  | 25. DATE RECD. BY LOCAL REG.<br><u>2-24-59</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Effie G. Melton</u>  |

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Leslie Gorman* .....

Licensed Embalmer No. *3177* .....

P. O. Address *Springfield, 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.