

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005761

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar No. 427

1. PLACE OF DEATH
a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR Kansas City Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTE 3604 E. 58th Length of stay in 1b 13 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 3604 E. 58th Reside on Form Yes No

3. NAME OF DECEASED First Middle Last
MR. VIVIAN E. MOWRY

4. DATE OF DEATH Month Day Year
Jan 22 1959

5. SEX 0 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH March 3, 1896 9. AGE (In years last birthday) 62 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stereotyper 11. BIRTHPLACE (City and state or country) Chicago, Tribune Fostoria, Ohio U.S.A. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Perry Mowry 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Mrs. Tillie Mowry

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW I 16. SOCIAL SECURITY NO. 336-01-6178 17. INFORMANT Tillie Mowry, 3604 E. 58th Address u. 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) Acute Cardiac Failure INTERVAL BETWEEN ONSET AND DEATH 12 hrs
DUE TO (b) Acute Coronary Thrombosis 12 hrs
DUE TO (c) Coronary Sclerosis & Generalized 2 yrs
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 NO 2

20a. ACCIDENT SUICIDE HOMICIDE 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. Month, Day, Year p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 Dec. 10 1958 to 22 Jan 59 and last saw him alive on 21 Jan 59
Death occurred at 5:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James W Downey M.D. 22b. ADDRESS 425 E. 63rd - K.C., Mo. 22c. DATE SIGNED 1-23-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Entombment 23b. DATE 1-24-59 23c. NAME OF CEMETERY OR CREMATORY Forest Hill Abbey 23d. LOCATION (City, town, or county) (State) Kansas City, Mo.

24. FUNERAL DIRECTOR ADDRESS Mellody-McGilley-Eylar F. H. Woodland-Linwood 25. DATE RECD. BY LOCAL REG. 1-23-59 26. REGISTRAR'S SIGNATURE neve Marshall

All diseases in Part I must be causally related.

James W. Downey USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

Registration

425 F 63

Dec 3-70/75

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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 *Melvin Bortea*

Licensed Embalmer No. *4903*

P. O. Address *K C 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.