URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-040198

STATE FILE NUMBER

FILED VS NOV 23 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5403

MENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b 11 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital — Inside Limits Yes ☒ No ☐

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) 1652 Summit — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First William Middle L. Lowry Last ~~Lowery~~

4. DATE OF DEATH Month 11 Day 9 Year 59

5. SEX male
6. COLOR OR RACE white
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH 10-28-1911
9. AGE (last birthday) 48 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Various Co.
11. BIRTHPLACE (City and state or country) Ft. Scott, Kan.
12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME George ~~Lowery~~ Lowry
13b. MOTHER'S MAIDEN NAME Alice Cox
14. NAME OF HUSBAND OR WIFE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. II
16. SOCIAL SECURITY NO. "Unk"
17. INFORMANT Address Record Clerk: K.C. Gen. Hosp. #1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Laennecs' Cirrhosis
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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. p.m. Month, Day, Year
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 11-4-1959, to 11-9-1959 and last saw him alive on 11-9-1959
Death occurred at 3:57 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H L Dwyer M.D.
22b. ADDRESS 2400 Cherry-KC, Mo.
22c. DATE SIGNED 11-9-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 11-10-59
23c. NAME OF CEMETERY OR CREMATORY New Oak Cem.
23d. LOCATION (City, town, or county) (State) Plymouth, Ind.

24. FUNERAL DIRECTOR ADDRESS Weilert's: 6900 Troost Ave. K.C. Mo.
25. DATE RECD. BY LOCAL REG. 11-10-59
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Mother DOCUMENT

13a | William L. Lowry | George Lowery | 12/17/59 | 12/17/59 AS

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 _____ Signed B. E. Weiler

Signature of Student Embalmer

Licensed Embalmer No. 4075

P. O. Address K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.