

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004820

FILED VS FEB 9 1960 354

Primary Registration District No. 4579 Registrar's No. 42

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY Texas			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Texas		
b. CITY (If outside corporate limits, give TOWNSHIP only) Cabool		Length of stay in 1b 7 months	c. CITY OR TOWN Cabool		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) Clyde Herbert Mowry			4. DATE OF DEATH Jan. 31, 1960		
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-6-1898	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) press operator		10b. KIND OF BUSINESS OR INDUSTRY Stamping Company	11. BIRTHPLACE (City and state or country) Edgerton, Ohio		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Noah Mowry		13b. MOTHER'S MAIDEN NAME Katie Fee		14. NAME OF HUSBAND OR WIFE Stella M. Mowry	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes		16. SOCIAL SECURITY NO. 270-07-0161		17. INFORMANT Address Stella M. Mowry, Cabool, 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) probable coronary occlusion					INTERVAL BETWEEN ONSET AND DEATH instant
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 viewed the deceased VIEWED ON 1-31-60 at 8:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) James L. Gentry coroner			22b. ADDRESS Cabool, Missouri		22c. DATE SIGNED 2-1-60
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 2-3-60	23c. NAME OF CEMETERY OR CREMATORY Willow Springs Cemetery		23d. LOCATION (City, town, or county) (State) Wright County, Mo.	
24. FUNERAL DIRECTOR ADDRESS Elliott-Gentry, Cabool, Mo.		25. DATE RECD. BY LOCAL REG. 2-30-60		26. REGISTRAR'S SIGNATURE Gaynell Cunningham	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 10 1960

STATEMENT BY LICENSED EMBALMER

FEB 10 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James L. Reitz

Licensed Embalmer No. 4710

P. O. Address Calool, 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.