

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-004915**

**FILED VS FEB 10 1960**

**378**

Registration District No. \_\_\_\_\_ Primary Registration District No. **4552**

Registrar's No. **9**

STATE FILE NUMBER

RECEIVED

1. PLACE OF DEATH a. COUNTY <b>WRIGHT</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>WRIGHT</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MTN. GROVE</b>		Length of stay in 1b <b>58 yrs</b>		c. CITY OR TOWN <b>MTN. GROVE</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>115 EAST NORTH ST.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>115 EAST NORTH ST.</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>HUGH McMANIGAL LOWER</b>				4. DATE OF DEATH Month Day Year <b>FEB. 3 1960</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>1/13/1895</b>	9. AGE (last birthday) <b>65</b>	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) <b>U.S. POSTMASTER</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>DWIGHT KANSAS</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>CLARENCE RUSSELL LOWER</b>			13b. MOTHER'S MAIDEN NAME <b>JENNIE RAGECE</b>		14. NAME OF HUSBAND OR WIFE <b>NOT MARRIED</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WORLD WART</b>			16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>MISS EFFIE LOWER-MTN.GROVE</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 Hemorrhage</b>							INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b>
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 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.		Month, Day, Year					
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 attended the deceased from <b>2-3-60</b> , to <b>2-3-60</b> and last saw <sup>her</sup> him alive on <b>2-3-60</b> Death occurred at <b>1:15 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>W.A. Craig DO.</b>				22b. ADDRESS <b>Mountain Grove Mo</b>		22c. DATE SIGNED <b>2-8-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>2/6/1960</b>	23c. NAME OF CEMETERY OR CREMATORY: <b>HILLCREST CENT</b>		23d. LOCATION (City, town, or county) <b>MTN. GROVE MO.</b>		23e. STATE	
24. FUNERAL DIRECTOR ADDRESS <b>BARBER F. HOME MTN. GROVE</b>				25. DATE RECD. BY LOCAL REG. <b>28-1960</b>		26. REGISTRAR'S SIGNATURE <b>Derwick Silverman</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 29 1960

APR 5 1960

MAR 10 1960

**STATEMENT BY LICENSED EMBALMER**

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 *[Handwritten Signature]*

Licensed Embalmer No. 3

P. O. Address \_\_\_\_\_

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