

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041579

AMENDED

Registration District No. 171Primary Registration District No. 5637 Registrar's No. 38

STATE FILE NUMBER

FILED NOV 20 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Lafayette				a. STATE Missouri COUNTY Lafayette			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Clay township		Length of stay in lb 45 yrs		c. CITY OR TOWN Odessa		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 mi. N. of Odessa			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R#3, 6 mi. N. Odessa		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Mable		Middle Joyce		Last Lowrey		Month Day Year Nov. 14 1961	
5. SEX female	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 2-17-87	9. AGE (last birthday) 74	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) housewife		10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (City and state or country) Grand Pass, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME George Stigleman			13b. MOTHER'S MAIDEN NAME Annie Mills		14. NAME OF HUSBAND OR WIFE John A. Lowrey		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Address John A. Lowrey, Odessa, Mo. R#3			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary embolism</i>							INTERVAL BETWEEN ONSET AND DEATH <i>1 hour</i>
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) <i>Arteriosclerosis</i>					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 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 <i>May years</i> to <i>11-14-61</i> and last saw her alive on <i>11-14-61</i> Death occurred at <i>7:30 A</i> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>[Signature]</i> (Degree or title)				22b. ADDRESS <i>Odessa Mo</i>		22c. DATE SIGNED <i>11-15-61</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 11-16-1961	23c. NAME OF CEMETERY OR CREMATORY Greenton Cemetery		23d. LOCATION (City, town, or county) Odessa, Lafayette, Mo.		(State)	
24. FUNERAL DIRECTOR Ralph O. Jones, Odessa, Mo.			ADDRESS	25. DATE RECD. BY LOCAL REG. <i>11-15-1961</i>	26. REGISTRAR'S SIGNATURE <i>Emma Davidson</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Ralph P. Jones

Licensed Embalmer No. 4604

P. O. Address Odena, T

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.