

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002811

STATE FILE NUMBER

Registration District No. 233 Primary Registration District No. 5813 Registrar's No. 73

AMENDED

FILED JAN 24 1962

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Upper Loutre twp.</u>		c. CITY OR TOWN <u>Upper loutre twp.</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RR #2 Montgomery City</u>		d. STREET ADDRESS (If outside, give location) <u>RR #2 Montgomery City</u>	

3. NAME OF DECEASED (Type or print) First <u>NOAH</u> Middle <u>GARR</u> Last <u>LOWRY</u>			4. DATE OF DEATH Month <u>January</u> Day <u>14</u> Year <u>1962</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>May 30, 1893</u>	9. AGE (last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>14</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm hand</u>		11. BIRTHPLACE (City and state or country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Lowry</u>		13b. MOTHER'S MAIDEN NAME <u>Hettie Harvey</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW #1</u>		16. SOCIAL SECURITY NO. <u>WV #1</u>	
17. INFORMANT <u>Mrs. Ida Diekmann, Jonesburg, M</u>		Address			

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) <u>Myocardial Degeneration</u>			<u>2 1/2 hours</u>
DUE TO (b) <u>Mesenteric Embolism</u>			<u>4 days</u>
DUE TO (c) <u>Endocarditis-Chronic</u>			<u>10 years</u>

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	
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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 <u></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year <u></u>	

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 <u>Wellsville</u>	COUNTY <u>Wellsville, Missouri</u>	STATE <u>Missouri</u>
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21. I attended the deceased from April 7, 1959 to Jan. 14, 1962 and last saw him alive on Jan. 13, 1962  
Death occurred at 5:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Att Van der Dell</u>	(Degree or title) <u>OO</u>	22b. ADDRESS <u>Montgomery City, Missouri</u>	22c. DATE SIGNED <u>1-15-62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Jan. 16, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wellsville</u>	23d. LOCATION (City, town, or county) <u>Wellsville, Missouri</u>	(State) <u>Missouri</u>
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24. FUNERAL DIRECTOR <u>Howard F. Myers, Wellsville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Jan 15 1962</u>	26. REGISTRAR'S SIGNATURE <u>Laura S Callaway</u>
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DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 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 Howard F Myers

Licensed Embalmer No. 4494

P. O. Address Wellsville, 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.