

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010350

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 098 Primary Registration District No. \_\_\_\_\_ Registrar's No. 76

FILED MAR 28 1962

VS 300  
Rev. 4/59

10310  
20310

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4 0  
5 1  
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8 2  
9 9191  
10 3  
11 031  
12 91-3  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Daviness</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Daviness</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Benton Twp.</b>		Length of stay in 1b <b>Life</b>	c. CITY OR TOWN <b>Pattonsburg, Mo;</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Benton Twp.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Rural</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Roy William Lowrey</b>			4. DATE OF DEATH <b>March 14, 1962</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Mar <del>XXXX</del> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>12-8-1890</b>	9. AGE (last birthday) <b>71</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>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Daviness County Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>W. C. Lowrey</b>		13b. MOTHER'S MAIDEN NAME <b>Sophina Howe</b>		14. NAME OF HUSBAND OR WIFE <b>Isabelle Lowrey</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT Address <b>Mrs. R.W. Lowrey, Pattonsburg Mo.</b>			
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) <b>Gunshot wound in face causing severe bleeding</b>					<b>Immediate</b>	
DUE TO (b) <b>Losing balance and falling from fence</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 checked="" 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.) <b>Fell from fence. Gun fired striking</b>				
20c. TIME OF INJURY <b>4:00</b>	Hour <del>XXXX</del> Month, Day, Year <b>p.m. 3-14-62</b>	victi <u>m</u> in face				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Farm field</b>	20f. CITY, TOWN, OR LOCATION <b>Daviness County, Missouri</b>		COUNTY STATE		
21. I attended the deceased from <b>did not</b> to _____ and last saw her/him alive on _____ Death occurred at <b>4:00 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <b>H. A. Roberson, Daviness County Coroner</b>			22b. ADDRESS <b>Pattonsburg, Missouri</b>		22c. DATE SIGNED <b>3-15-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3-18-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F.</b>	23d. LOCATION (City, town, or county) <b>PATTONSBURG? MO</b>		(State)	
24. FUNERAL DIRECTOR <b>H.A. ROBERSON PATTONSBURG MO.</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>3-20-1962</b>	26. REGISTRAR'S SIGNATURE <i>Ungert</i>		

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AUG 28 1962

APR 6 1962

NOV 20 1962

**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 *[Handwritten Signature]*

Licensed Embalmer No. *25075*

P. O. Address *[Handwritten Address]*

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.