

FILED NOV 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41415**
Registrar's No. **468**

BIRTH NO.		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 468	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission) a. STATE Missouri b. COUNTY Pettis			
b. CITY OR TOWN Sedalia		c. LENGTH OF STAY (in this place) 60 yrs.		c. CITY OR TOWN Sedalia		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3701 South Kentucky				e. STREET ADDRESS (If rural, give location) 3701 South Kentucky 0800			
3. NAME OF DECEASED (Type or Print) a. (First) BEN		b. (Middle) G.		c. (Last) MOWERY		4. DATE OF DEATH (Month) Nov. (Day) 11, (Year) 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH August 12, 1872	
9. AGE (In years last birthday) 85		10. UNDER 1 YEAR Months 05		11. UNDER 1 YEAR Days 05		12. UNDER 1 YEAR Hours 05	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Gen. Agriculture		11. BIRTHPLACE (City and State or Foreign Country) Cooper County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME HENRY MOWERY		13b. MOTHER'S MAIDEN NAME Irene Embrey		14. NAME OF HUSBAND OR WIFE Cora Leiter Mowery			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Cora Mowery, 3701 S. Kentucky, Sedalia, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct 1957 , to Nov 11, 1957 , that I last saw the deceased alive on Nov 10, 1957 , and that death occurred at 9:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) G. L. Walter MD		23b. ADDRESS Sedalia Mo		23c. DATE SIGNED Nov 12/1957			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/13/57		24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery		24d. LOCATION (City, town, or county) (State) Rural Pettis County, Mo.	
DATE REC'D BY LOCAL REG. 11-12-57		REGISTRAR'S SIGNATURE Frances Shelby		25. FUNERAL DIRECTOR'S SIGNATURE James		ADDRESS Sedalia, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5410

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 *R. E. Baker*

Licensed Embalmer No. *2419*

P. O. Address *Sedalia*

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.