

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005296

STATE FILE NUMBER

FILED MAR 9 1959

Registration District No.

133

Primary Registration District No.

Registrar's No.

23

1. PLACE OF DEATH a. COUNTY <u>HARRISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>HARRISON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marion Twp</u>		c. CITY OR TOWN <u>R.D. Ridgeway</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 mi. S.E. Eagleville</u>		d. STREET ADDRESS (If outside, give location) <u>3 mi. S.E. Eagleville</u>	
3. NAME OF DECEASED (Type or print) <u>Ross Charley Lowrey</u>		4. DATE OF DEATH Month <u>Feb</u> Day <u>26</u> Year <u>1959</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 8, 1890</u>
9. AGE (In years last birthday) <u>68</u>		10. FUNDER 1 YEAR <input type="checkbox"/> IF UNDER 24 HRS. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (City and state or country) <u>Daviess Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>William C. Lowrey</u>		13b. MOTHER'S MAIDEN NAME <u>Sophronia Howe</u>	
14. NAME OF HUSBAND OR WIFE <u>Susie May Lowrey</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>510-24-3239</u>		17. INFORMANT <u>Mrs Susie May Lowrey, Ridgeway, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ACUTE CORONARY OCCLUSION</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u> DUE TO (c) <u>CHRONIC HYPERTENSION 4201</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>BENIGN PROSTATIC HYPERTROPHY; GASTRIC ULCERS.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u> <u>years</u> <u>years</u>	
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>4:45</u> a.m. <u>p.m.</u> Month, Day, Year		20d. INJURY OCCURRED WHILE AT <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 <u>MAY - 1956</u> to <u>FEB - 1959</u> and last saw him alive on <u>2-23-59</u> Death occurred at <u>4:45 p.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Albert Nibbe M.D.</u>	
22b. ADDRESS <u>Bethany, Mo.</u>		22c. DATE SIGNED <u>2-28-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-2-59</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>100 F Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Pattersonburg Mo</u>	
24. FUNERAL DIRECTOR <u>Gerald W. Boggess, Eagleville, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>3-2-1959</u>	
26. REGISTRAR'S SIGNATURE <u>Gella Mayes</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Herald W. Bongers*

Licensed Embalmer No. *4762*

P. O. Address *Eagle Creek,*

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.