

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2373**

FILED FEB 3 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Indiana</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Waynesville, Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Indianapolis</b> <u>8139</u>	
c. LENGTH OF STAY (In this place) <b>2 Days</b>		d. STREET ADDRESS (If rural, give location) <b>614 Birch Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Waynesville, General Hosp.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Cecil</b>	b. (Middle) <b>M</b>	c. (Last) <b>Mowery</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 28 54</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan 18 1913</b>	9. AGE (In years last birthday) <b>40</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Service Sta. Operator</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Washington Indiana</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Claude Mowery</b>	13b. MOTHER'S MAIDEN NAME <b>Maudie Stone</b>	14. NAME OF HUSBAND OR WIFE <b>Elsie Mowery</b>
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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>305-07-9183</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Elsie Mowery</b>	ADDRESS <b>614 Birch St Indianapolis Ind</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ruptured Spleen</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>2 Week Hemorrhage</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Automobile accident</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 27, 1954, to Jan 28, 1954, that I last saw the deceased alive on Jan 28, 1954, and that death occurred at 4 A m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. R. Dewitt Do 2</b>	23b. ADDRESS <b>Waynesville, Mo</b>	23c. DATE SIGNED <b>Jan 29 54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Jan 30 54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Floral Park Cemetery Indianapolis Indiana</b>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <b>1-30-54</b>	REGISTRAR'S SIGNATURE <b>C. L. ...</b>	458 25. FUNERAL DIRECTOR'S SIGNATURE <b>Billy H. ...</b>	ADDRESS <b>WEDGES FUNERAL HOMES, WAYNESVILLE MO</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1-30-54  
Pottsville County Health Officer  
File Number  
Date Filed 1-30-54

MAR 5 1954

**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 .....  
Student Embalmer

Signed Clarence Dross

Licensed Embalmer No. 4886

P. O. Address Waynesville, N.C.

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 this body is not embalmed, fact should be so stated above.