FILED OCT 10 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31039
STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 5168 Registrar's No. 240

1. PLACE OF DEATH a. COUNTY Callaway	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural McCredie Twp 9 — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Kansas City 3578 0 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 4 Mi W. Kingdom City — Length of stay in 1b --	d. STREET ADDRESS (If outside, give location) 3343 Monroe — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: Willard	Middle: Vey	Last: Mowrer	4. DATE OF DEATH	Month: Sept Day: 30 Year: 1957
5. SEX: Male 0	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Aug.4.1923	9. AGE (In years last birthday): 34	IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Manager	10b. KIND OF BUSINESS OR INDUSTRY: Byrne Bus.Furniture	11. BIRTHPLACE (City and state or country): Topeka, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Willard C. Mowrer	14. MOTHER'S MAIDEN NAME: Ertha M. Johnson				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War #2	16. SOCIAL SECURITY NO.: 499-14-1764	17. INFORMANT: Mrs. Doris Mowrer	Address: 3343 Monroe K.C		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SKULL FRACTURE — INTERVAL BETWEEN ONSET AND DEATH: MO INST

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ONE CAR AUTO ACCIDENT. VICTUM PINNED UNDER CAR 014

20c. TIME OF INJURY: Hour a. m. ~~p. m.~~ 3:25 — Month, Day, Year 9/30/57

20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) NIWAY 40

20f. CITY, TOWN, OR LOCATION: 4 MI. WEST KINGDOM CITY — COUNTY: CALLAWAY — STATE: MO

21. I attended the deceased from ____, to ____ and last saw her/him alive on ____
Death occurred at 3:25 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Nancy A. Howard Coroner

22b. ADDRESS: Fulton Mo

22c. DATE SIGNED: 9/30/57

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	Oct-2-1957	Memorial Park Cem.	Kansas City Mo

24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
Wallace Funeral Home	Fulton, Mo	Oct-5-1957	Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

OCT 10 1957

AUG 25 1958

OCT 21 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer.

Signed Denzil C. Browning

Licensed Embalmer No. 27

P. O. Address Fulton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.