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FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-006236
STATE FILE NUMBER

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY Johnson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Warrensburg — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Warrensburg — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give location) Warrensburg Medical Center — Length of stay in lb Life	d. STREET ADDRESS (If outside, give location) 404 East Culton — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Elmer — Middle Edward — Last Mowrey

4. DATE OF DEATH: Month February Day 13 Year 1958

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Dec. 28, 1900

9. AGE (In years last birthday): 57 — 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): Sausage Maker - Meat Packing Plant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Warrensburg, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Harris Mowrey

13b. MOTHER'S MAIDEN NAME: Mary Ann Reid

14. NAME OF HUSBAND OR WIFE: Julia Ann Mowrey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: 495-01-0733

17. INFORMANT: Mrs. E. E. Mowrey, Warrensburg, Mo. — Address: 404 East Culton

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) Post operative shock — INTERVAL BETWEEN ONSET AND DEATH: 5 hrs

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

DUE TO (b) Sub total gastrectomy, splenectomy + cholecystectomy

DUE TO (c) Chr. cholecystitis, obstructing duodenal cicatrix

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 585X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from Jan. 24 1957, to 2-13-58 and last saw ~~her~~ him alive on 2-15-58

Death occurred at 9:30 p m m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): O. H. Passmore MD

22b. ADDRESS: Warrensburg Mo

22c. DATE SIGNED: 2-15-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 16 Feb 58

23c. NAME OF CEMETERY OR CREMATORY: Sunset Hill Cemetery

23d. LOCATION (City, town, or county) (State): Warrensburg, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Sweeney-Phillips, Warrensburg, Mo.

25. DATE RECD. BY LOCAL REG.: Feb. 16, 1958

26. REGISTRAR'S SIGNATURE: Savannah Crutchfield

(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.

FEB 26 1958

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 John P. Rodgers

Licensed Embalmer No. 4963

P. O. Address Warrensburg, Mis

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.