MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-020781

STATE FILE NUMBER

Registration District No. 318 (Primary Registration District No. 1003 Registrar's No. 5413

FILED JUN 7 1962

DO NOT WRITE ON THIS STUB — AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Deaconess Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Dent
c. CITY OR TOWN: Salem — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route No. 4 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Otis Middle: Edward Last: Mowery

4. DATE OF DEATH: Month: May Day: 26, Year: 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7/12/1902
9. AGE (last birthday): 59 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cattle Dealer
10b. KIND OF BUSINESS OR INDUSTRY: Live Stock
11. BIRTHPLACE (City and state or country): Dent County, Missouri.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Russell Mowery
13b. MOTHER'S MAIDEN NAME: Mary Alby
14. NAME OF HUSBAND OR WIFE: Bessie Mowery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): Nil
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Bessie Mowery, Address: Route No.4, Salem, Missouri.

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): Abdominal carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 5/7/62 5/26/62
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinoma of stomach
DUE TO (c): 151X

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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.)
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 5/7/62, to 5/26/62 and last saw her/him alive on 5/25/62
Death occurred at 12:00 midnight m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James Y. Griggs M.D.
22b. ADDRESS: 7820 Carondelet, Clayton (5), Mo.
22c. DATE SIGNED: 5/28/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 5-29-62
23c. NAME OF CEMETERY OR CREMATORY: Stone Hill Cemetery
23d. LOCATION (City, town, or county) (State): Dent County, Missouri.

24. FUNERAL DIRECTOR — ADDRESS: Spencer Funeral Home, Salem, Mo.
25. DATE RECD. BY LOCAL REG.: MAY 29 1962
26. REGISTRAR'S SIGNATURE: Carl Smith, M.D.

JUN 7 1962

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 Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St Louis Mo

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.