

S. No. 2
M-8-43
5-17-39
K37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37947**
Registrar's No. **37**

Registration District No. **143** Primary Registration District No. **4232**

1. PLACE OF DEATH:
(a) County **Howell**
(b) City or town **Willow Springs**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)
In this community **Entire life** years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Howell** **46**
(c) City or town **Willow Springs** **2**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country. **0**

3. (a) PRINT FULL NAME **Sadie Peggie Lowtrip**
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **Wm. Robt. Lowtrip** 6. (c) Age of husband or wife if alive **62** years
7. Birth date of deceased **March 8, 1985**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 **8** **18** hr. min.

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business
MOTHER FATHER { 12. Name **Cornelius Collins**
13. Birthplace **Tenn.**
(City, town, or county) (State or foreign country)
14. Maiden name **Docia Barton**
15. Birthplace **Tenn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Stanley Wonnell**
(b) Address **R. R. Willow Spgs., Mo.**

17. (a) **burial** (b) Date thereof **11/28/47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Carroll Cemetery**

18. (e) Signature of funeral director **A. Burns**
(b) Address **Willow Springs, Mo.**
19. (a) **Nov. 28, 1947** (b) **Marshall Ballard**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov** day **26**
year **1947** hour **2** minute **A.** M.
21. I hereby certify that I attended the deceased from **6-10-1947** to **10-26-1947**
that I last saw her **ER** alive on **10-20-1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of left Breast 12 mos.**
Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) **50**

Major findings: **Grade IV adenocarcinoma**
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
23. Signature **O. Callihan** (M. D. or other) **10-28-47**
Address **Willow Springs** Date signed **11-28-47**

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Dis.

Case No. 5,

District

1247707

Date Filed

12-13-47

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

Mr. Fred Barnes

Registered Apprentice No. *413*

working under my personal supervision.

Signed

J. Burns

Licensed Embalmer No. *3379*

P. O. Address *Willow Springs*

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.