

FILED MAR 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.

State File No. 5002

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 263

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) Kansas City | |
| c. LENGTH OF STAY (in this place) 60 yrs. | | d. STREET ADDRESS (If rural, give location) 126 North Drury | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 126 North Drury | | | |

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|-------------------------------------|-------------------|----------------|----------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Samuel | b. (Middle) E. | c. (Last) LOWE | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 17, 1949 |
|-------------------------------------|-------------------|----------------|----------------|---|

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|-------------|------------------------|--|-------------------------------|------------------------------------|-----------------------|---------------------|----------------------|---------------------|
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH Aug. 9, 1876 | 9. AGE (In years last birthday) 72 | # UNDER 1 YEAR Months | # UNDER 1 YEAR Days | # UNDER 1 YEAR Hours | # UNDER 1 YEAR Min. |
|-------------|------------------------|--|-------------------------------|------------------------------------|-----------------------|---------------------|----------------------|---------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hardware Store | 10b. KIND OF BUSINESS OR INDUSTRY Self | 11. BIRTHPLACE (State or foreign country) Clinton, Illinois | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Samuel E. Lowe | 13b. MOTHER'S MAIDEN NAME Millie Rehm | 14. NAME OF HUSBAND OR WIFE Lena E. Lowe |
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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) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Lena E. Lowe, 126 N. Drury, K.C., Mo. | ADDRESS |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion | | | Sudden |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis general arterio sclerosis | | | 3 years |
| DUE TO (c) Purulent Fibrillation Cardiac Decompensation | | 3 years | 3 years | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4201 | 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) (Minute) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR |
|--|--|---------------------------|

22. I hereby certify that I attended the deceased from 1946 to Feb 1949, that I last saw the deceased alive on 2/16, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE Fred W. Hink MD (Degree or title) Fred W. Hink, MD | 23b. ADDRESS Kansas City, Mo | 23c. DATE SIGNED 2/18/49 |
|---|------------------------------|--------------------------|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 2-21-49 | 24c. NAME OF CEMETERY OR CREMATORY Plattsburg | 24d. LOCATION (City, town, or county) (State) Plattsburg, Missouri |
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| DATE REC'D BY LOCAL REG. 2-18-49 | REGISTRAR'S SIGNATURE Geraldine Holmes | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mellody-McGilley-Eylar, Kansas City, Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

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

