

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 11 1949

State File No. **14714**

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>170</u>			
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Adair</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville, Mo</u>		c. LENGTH OF STAY (in this place) <u>5 Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		3 <u>3</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>unknown</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Melvin</u>		b. (Middle) <u>S</u>		c. (Last) <u>Lowther</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-4-1949</u>			
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>12-5-1877</u>		9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>29</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>add jobs</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Henry Lowther</u>			13b. MOTHER'S MAIDEN NAME <u>Suritha Daniels</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u>		ADDRESS <u>Kirksville, Mo</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sepsis</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Decubitus Ulcers</u>				<u>2 weeks</u>	
				DUE TO (c) <u>Arteriosclerosis (generalized)</u>				<u>yes?</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Infantile purpura</u>								<u>71 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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)		<u>4500</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 <u>March</u> , 1949, to <u>June</u> , 1949, that I last saw the deceased alive on <u>June 4</u> , 1949, and that death occurred at <u>5 A m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>M.T. Stutenohm D.O.</u>				23b. ADDRESS <u>Kirksville, Mo.</u>		23c. DATE SIGNED <u>6-5-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-7-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OWNERS OWNERS Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kirksville Mo</u>			
DATE REC'D BY LOCAL REG. <u>6-7-49</u>		REGISTRAR'S SIGNATURE <u>Walter Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Blanner</u> ADDRESS <u>Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

133

RECEIVED

District Health Officer No.

District File Number 649

Date Filed JUN 10 1949

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.

Signed _____

James E. Hopper

Licensed Embalmer No. 4261

Signed _____
Student Embalmer

P. O. Address Bellevue, 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 this body is not embalmed, fact should be so stated above.