

5. No. 300
10. 48

FILED JUN 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18410**

BIRTH NO. _____ REG. DIST. NO. **359** PRIMARY REG. DIST. NO. **4527** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admittance.) a. STATE Mo b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) Bronaugh Mo.		c. LENGTH OF STAY (in this place) 7mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Oliver c. (Last) Lowd	4. DATE OF DEATH (Month) (Day) (Year) May 15 - 49
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married - 1	8. DATE OF BIRTH June 2, 1867	9. AGE (In years last birthday) 81 10. (Months) 11 11. (Days) 13 12. (Hours) _____ 13. (Min.) _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Grocery	11. BIRTHPLACE (State or foreign country) McCouper, Ill - 1	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Lowd	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Evelyn M. Lowd
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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) Yes	16. SOCIAL SECURITY NO. 1	17. INFORMANT'S SIGNATURE OR NAME Bronaugh 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, aethenia, 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) Coronary Thrombosis		12 Days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Decompensation 12 mos DUE TO (c) Congestive heart disease 5 yrs		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Genital arteriosclerosis 4 1/2 yrs Right Indirect Inguinal Hernia 1			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Feb. 5, 1945** to **May 10, 1949**, that I last saw the deceased alive on **May 10, 1949**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE M. H. Knelland	(Degree or title) D.O.	23b. ADDRESS Liberal, Mo.	23c. DATE SIGNED May 17 - 49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-17-49	24c. NAME OF CEMETERY OR CREMATORY Worship Cemetery - Bronaugh, Mo	24d. LOCATION (City, town, or county) (State) Mo
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DATE REC'D BY LOCAL REG May 31 1948	REGISTRAR'S SIGNATURE Mrs. Ruth Faith	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Marsh	ADDRESS Beckinger Nevada, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 71
District File Number 5-49-689
Date Filed 6-7-49

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
Student Embalmer

Signed Marsh. Eshinger

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.