

FILED NOV 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33655

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>4205</u>		Registrar's No. <u>57</u>	
1. PLACE OF DEATH <u>Gilman City Mo</u> a. COUNTY <u>Harrison County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gilman City, Mo</u>		c. LENGTH OF STAY (in this place) <u>40 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gilman City</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 25 1949</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>				d. STREET ADDRESS (If rural, give location) <u>none</u>			
3. NAME OF DECEASED (Type or Print) <u>LULU</u>		a. (First)		b. (Middle) <u>JOSEPHENE</u>		c. (Last) <u>LOWE</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>November 2-1865</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper.</u>		11. BIRTHPLACE (State or foreign country) <u>Marionville Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George H Roberts</u>		13b. MOTHER'S MAIDEN NAME <u>Armanda Quime</u>		14. NAME OF HUSBAND OR WIFE <u>William H. Lowe</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>L. Lee Co. Low Gilman City Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>old age infirmities and</u>				<u>7/24 X</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>failure of kidneys to throw off refuse of body.</u>					
		DUE TO (c)					
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Informant: Mrs. Clark Walker - Gilman City, attending physician's wife who was present at time of death.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
		19b. MAJOR FINDINGS OF OPERATION <u>also B.D. depressed - who was present immediately before death.</u>					
21a. ACCIDENT (Specify) <u>old age</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Sugar Creek</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Harrison Co Mo</u>		21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>At Home</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Zola Burris Registrar</u>				23b. ADDRESS <u>Bethany - Mo</u>		23c. DATE SIGNED <u>11/5/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 27-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Ignace cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Gilman City, Harrison, Mo</u>	
DATE REC'D BY LOCAL REG. <u>7/30/49</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. D. Faires</u>		ADDRESS <u>Gilman City Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD



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.....

*W. Delaines,*

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed *W. Delaines,*

Licensed Embalmer No. *942*

P. O. Address *Helmer City 491*

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.

STATE OF MISSOURI )  
 )  
 COUNTY OF HARRISON)

VS

I, Claudia Walker, wife of Dr. J. C. Walker, deceased, upon oath state that my Post Office address is Gilman City, Missouri, that I was present with my husband when Lulu Josephine Lowe passed away. That she died at 3:P.M. July 25th, 1949. Cause of death was due to old age and the failure of her kidneys to throw of the refuse from the body.

Dated at Gilman City Mo, this October 29, 1949.

*Claudia Walker*

Subscribed and sworn to before the undersigned notary public for County and State aforesaid this the day and year first above written.

My Commission expires,  
 Oct 24, 1951.

*John DePhair*  
 Notary Public.

