

FILED APR 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. 14048-50 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 343

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> | | c. LENGTH OF STAY (In this place) <u>3 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield Rural, Campbell Twsp</u> | | 0390 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>3030 West Walnut</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | | a. (First) <u>Joan</u> | b. (Middle) | c. (Last) <u>Lowe</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 11 1950</u> | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married?</u> | | 8. DATE OF BIRTH <u>March 14, 1950</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min. <u>1</u> | |
| 13a. FATHER'S NAME <u>Elvin Lowe</u> | | 13b. MOTHER'S MAIDEN NAME <u>Dorothy Davis</u> | | 14. NAME OF HUSBAND OR WIFE <u>---</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elvin Lowe, Springfield, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: 491X | | | |
| 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) | | ADDITIONAL SUPPLEMENTARY INFORMATION | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 21g. HOW DID INJURY OCCUR? 21h. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>4/8</u> , 19 <u>50</u> , to <u>4/11</u> , 19 <u>50</u> , that he was <u>alive</u> on <u>4/11</u> , 19 <u>50</u> , and that death occurred at <u>12:45P</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Lyman D. Brown M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>311 1/2 Boonville</u> | | 23c. DATE SIGNED <u>Apr 12, 1950</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE, <u>April 13, 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>N of Springfield on Hwy 65</u> | |
| DATE REC'D BY LOCAL REG. <u>4-13-50</u> | | REGISTRAR'S SIGNATURE <u>W. J. Hanley</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schmaier</u> | | ADDRESS <u>Springfield, Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Lee Mason* _____

Licensed Embalmer No. *4568*

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.