

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13094

State File No. ....

FILED APR 29 1950

1683

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If location: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>1 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural " Kansas City 24 (K)</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Leeds Sanitarium</u>				d. STREET ADDRESS (If rural, give location) <u>9507 Wilson Road</u>			
3. NAME OF DECEASED a. (First) <u>Charles</u>		b. (Middle) <u>Hugh</u>		c. (Last) <u>Lowther</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 8 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan 14, 1898</u>	
9. AGE (In years last birthday) <u>52</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Steel Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Granby Missouri</u>		11. BIRTHPLACE (State or foreign country) <u>U.S.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13a. FATHER'S NAME <u>Wm Lowther</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Norton</u>		14. NAME OF HUSBAND OR WIFE <u>Delsie</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify in remarks) (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>572-10-2099</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Delsie F. Lowther, Kansas City 3, 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, asthenia, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>							
INTERVAL BETWEEN ONSET AND DEATH							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>10-7, 1949</u> , to <u>4-8, 1950</u> , that I last saw the deceased alive on <u>4-8, 1950</u> , and that death occurred at <u>10:25 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>George K. Landis, M.D.</u> (Degree or title)				23b. ADDRESS <u>Kansas City, Mo.</u>		23c. DATE SIGNED <u>4/8/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>4-10-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>-</u>		24d. LOCATION (City, town, or county) (State) <u>Miami Okla.</u>	
DATE REC'D BY LOCAL REG. <u>4-10-50</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Geo. B. Carson</u>		ADDRESS <u>Independence, 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 *John W. Heiman* \_\_\_\_\_

Licensed Embalmer No. *4904* \_\_\_\_\_

P. O. Address *Independence, 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.