

FILED MAY 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 16846  
 1945

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 25108	
d. FULL NAME OF HOSPITAL OR INSTITUTION LANESIDE HOSPITAL		d. STREET ADDRESS (If rural, give location) 3526 SOUTH BENTON	

3. NAME OF DECEASED (Type or Print) a. (First) VESTA	b. (Middle) B.	c. (Last) LOWERY	4. DATE OF DEATH (Month) (Day) (Year) APR. 25 1950
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH MAY 25 1889	9. AGE (In years last birthday) 60 YEARS
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ADVERTISING SOLICITOR	10b. KIND OF BUSINESS OR INDUSTRY K. O. STAR	11. BIRTHPLACE (State or foreign country) Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME MACK LEE BAILEY	13b. MOTHER'S MAIDEN NAME MINNIE BALDWIN	14. NAME OF HUSBAND OR WIFE ROBERT S. LOWERY
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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) No	16. SOCIAL SECURITY NO. 486-05-4543	17. INFORMANT'S SIGNATURE OR NAME Mrs. RALPH FOSTER FISHER	ADDRESS 3526 S. BENTON KANSAS CITY, MO.
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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, asthenia, 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) Anemia et Toxemia Sanguinis		66 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) to Metastatic Uterine Carcinoma DUE TO (c) Primary in uterus		(over 2) years
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			174X

19a. DATE OF OPERATION 2-17-48	19b. MAJOR FINDINGS OF OPERATION Metastatic Uterine Carcinoma	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) m. _____	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 2-17-1948 to 4-25-1950 that I last saw the deceased alive on 4-25-1950, and that death occurred at 2:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE A. S. Linville (Degree or title) M.D.	23b. ADDRESS 25 East 12th	23c. DATE SIGNED 4-26-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APR. 28 1950	24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 4-27-50	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE O. W. Newsome	ADDRESS 1331 BAUSH CREEK KANSAS CITY, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

1:30-5:30

**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 Jess T. Dews  
Licensed Embalmer No. 4453

P. O. Address St Louis City

**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.