

FILED OCT 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30015

State File No. _____

 BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 3871

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>17 years</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		d. STREET ADDRESS (If rural, give location) <u>1941 East McDaniel</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1941 East McDaniel</u>		d. STREET ADDRESS (If rural, give location) <u>1941 East McDaniel</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edith</u> b. (Middle) <u>Stowe</u> c. (Last) <u>Lloyd</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 3 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 14, 1909</u>
9. AGE (In years last birthday) <u>41</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF OVER 21 YRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Greene County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Robert Stowe</u>	

13a. FATHER'S NAME <u>Robert Stowe</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>George Lloyd</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Lloyd, Springfield, 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>Acute heart failure secondary to hypertrophy and decompensation.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8-25-50</u> <u>to 10-3-50</u> <u>30 years</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Asthma, chronic, severe, allergic in origin.</u>			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>241X</u>	
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) (Min.) _____		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 1938, 19 , to Sept. 7, 1950, that I last saw the deceased alive on Sept. 17, 1950, and that death occurred at 2:30P m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>609 Cherry, Springfield</u>		23c. DATE SIGNED <u>10-6-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 8, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Turner Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Turner's Station, Missouri</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		24f. ADDRESS <u>[Address]</u>	

DATE REC'D BY LOCAL REG. <u>10-6-50</u>		REGISTRAR'S SIGNATURE <u>W E Handley WDO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schmeper</u>	
				ADDRESS <u>F. H. Springfield Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48
0396

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.....

Carl J. Glenn

Licensed Embalmer No. *4707*

P. O. Address *Springfield, 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.