No. 300
10.48

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2

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

FILED DEC 6 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 36332

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 397

**1. PLACE OF DEATH**
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton
c. LENGTH OF STAY (In this place): 1 m 14 d
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hos #1

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Cedar
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirkville 0013
d. STREET ADDRESS (If rural, give location): 411 E Scott

**3. NAME OF DECEASED** (Type or Print)
a. (First): ROBERT
b. (Middle): E
c. (Last): LOWE

**4. DATE OF DEATH** (Month) (Day) (Year): Nov 28 1950

**5. SEX**: M
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): M
**8. DATE OF BIRTH**: May 30 1878
**9. AGE** (In years last birthday): 72
If under 1 year: Months 5 Days 29
If under 24 hrs.: Hours ___ Min. ___

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Carpenter
**10b. KIND OF BUSINESS OR INDUSTRY**: Building
**11. BIRTHPLACE** (State or foreign country): Terre Haute Ind
**12. CITIZEN OF WHAT COUNTRY**: USA

**13a. FATHER'S NAME**: Andrew J Lowe
**13b. MOTHER'S MAIDEN NAME**: Louisa Shanks
**14. NAME OF HUSBAND OR WIFE**: Grace Lowe

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): DK
(If yes, give war or dates of service): DK
**16. SOCIAL SECURITY NO.**: DK
**17. INFORMANT'S SIGNATURE OR NAME**: Grace Lowe
**ADDRESS**: Kirkville Mo

**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): Br. pneumonia — 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.* Senile psychosis — 490 X

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☐

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 11-27, 1950, *to* 11/28, 1950 *that I last saw the deceased alive on* 11-28, 1950, *and that death occurred at* 10.25 *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: J Caldwell
(Degree or title): MD.
**23b. ADDRESS**: State Hos Fulton Mo
**23c. DATE SIGNED**: 11-28-50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Nov. 30/50
**24c. NAME OF CEMETERY OR CREMATORY**: Cof Cem.
**24d. LOCATION** (City, town, or county) (State): Kirkville, Mo.

**DATE REC'D BY LOCAL REG.**: Dec 2. 1950
**REGISTRAR'S SIGNATURE**: Maretta Lawrence 426
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: Naugin Funeral Home, Fulton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DEC 2 1950
DISTRICT HEALTH OFFICE No. 4
File No. .....

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 .....

working under my personal supervision.

Student Embalmer No. .....

Signed Walter J. Haines, Jr.

Signed .....
Student Embalmer

Licensed Embalmer No. 4557

P. O. Address Fulton, 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.