

FILED MAR 13 1951

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

State File No. 7156

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <i>Saline</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Saline</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Marshall</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Marshall</i>	
c. LENGTH OF STAY (In this place) <i>3 yrs</i>		d. STREET ADDRESS (If rural, give location) <i>279 S. Redman</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>279 S. Redman</i>			

3. NAME OF DECEASED (Type or Print)	a. (First) <i>NANNIE</i>	b. (Middle) <i>GRACE</i>	c. (Last) <i>LOWER</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>March 4, 1951</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>May 12, 1869</i>	9. AGE (In years last birthday) <i>81</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>own home</i>	11. BIRTHPLACE (State or foreign country) <i>Wanamaker, Saline Co. Mo</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A</i>
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13a. FATHER'S NAME <i>S. P. Hunt</i>	13b. MOTHER'S MAIDEN NAME <i>Martha Hunt</i>	14. NAME OF HUSBAND OR WIFE <i>Virgil Lower</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Virgil Lower</i>	ADDRESS <i>Marshall Mo</i>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Occlusion</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 hrs</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <i>Arterial Sclerosis</i>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>L 4201</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 *Jan 10, 1951* to *Mar 4, 1951*, that I last saw the deceased alive on *Mar 4, 1951* and that death occurred at *4:00 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) <i>M.D.</i>	23b. ADDRESS <i>Marshall Mo</i>	23c. DATE SIGNED <i>3/5/51</i>
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24a. BURIAL - CREMATION - REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>3-7-1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Ridge Park Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>Marshall Mo</i>
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DATE REC'D BY LOCAL REG <i>Mar 7-1951</i>	REGISTRAR'S SIGNATURE <i>Sidney J. Gray</i>	385	25. FUNERAL DIRECTOR'S SIGNATURE <i>Harry Hershberger</i>	ADDRESS
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 3-12-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 3-12-51 _____

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.....
Student Embalmer

Signed Joseph R. Mackler

Licensed Embalmer No. 4571

P. O. Address W. C. Moore, M.

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.