

No. 300
10.48

FILED SEP 19 1951

STANDARD CERTIFICATE OF DEATH

State File No. 29355

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 246

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>	
c. LENGTH OF STAY (In this place) <u>28 days</u>		d. STREET ADDRESS (If rural, give location) <u>114 S. Wabash</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Obediah</u> b. (Middle) <u>D.</u> c. (Last) <u>Lowe</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 9, 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 31, 1868</u>
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer, retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer, retired</u>	11. BIRTHPLACE (State or foreign country) <u>Adair County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Andrew J. Lowe</u>	
13b. MOTHER'S MAIDEN NAME <u>Effie Albright</u>		14. NAME OF HUSBAND OR WIFE <u>Lulu May Ginnings</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Delbert Lowe, Kirksville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Polycystic Kidney</u> DUE TO (c) <u>Generalized arterio</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>sclerosis</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>		Yrs. <u>Yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7571</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>8/11</u> , 19 <u>51</u> to <u>9/9</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>9/9</u> , 19 <u>51</u> , and that death occurred at <u>6:40</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. W. McPherson</u>		23b. ADDRESS <u>202 Kirksville, Missouri</u>	23c. DATE SIGNED <u>9/10/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/13/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>East Center</u>	24d. LOCATION (City, town, or county) (State) <u>Adair County, Mo.</u>
DATE REC'D BY LOCAL REG. <u>9-12-51</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul M. Riley</u> ADDRESS <u>Kirksville, Mo.</u>	

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

Date Received: SEP 18 1951
DISTRICT HEALTH OFFICE #2
District File Number 9-51-1664
Date Filed: SEP 18 1951

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 *Frank B. Cooper*

Licensed Embalmer No. *4119*

P. O. Address *Tricksville, 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.