

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32328

State File No. ....

FILED SEP 26 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 355 PRIMARY REG. DIST. NO. 4559 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <b>Texas</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Texas</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hartshorn</b>		c. LENGTH OF STAY (in this place) <b>74 yrs</b>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hartshorn</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Rebecca</b>	b. (Middle) <b>Cassie</b>	c. (Last) <b>Lowell</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 27-1951</b>
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>Apr 13-1877</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>14</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Texas Co. Mo. 0</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Lewis Martin</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Renfro</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME <b>Letha Riley Hartshorn, Mo.</b>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <b>arterial Hypertension</b>		
	DUE TO (c) <b>Arteriosclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>331 X</b>	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) (Min.)	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, 1948, to Aug 27, 1951, that I last saw the deceased alive on Aug 27, 1951, and that death occurred at 8:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. Lawrence Houghton, D.O.</b>	23b. ADDRESS <b>Summerville</b>	23c. DATE SIGNED <b>Sept 10</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8-29-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Antioch</b>	24d. LOCATION (City, town, or county) (State) <b>Hartshorn, Mo.</b>
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DATE REC'D BY LOCAL REG <b>Sept 12-51</b>	REGISTRAR'S SIGNATURE <b>Anna Bobetta</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Duncan Funeral Home</b>	ADDRESS <b>Mtn View, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MD.  
District No. 5 - Springfield

RECEIVED SEP 17 1951  
Dist. File 934-1672  
Date Filed 9-17-51

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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 Joel L. Duman  
Licensed Embalmer No. 4325  
P. O. Address Mt View Md

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.