

FILED SEP 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32349

622 State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>3076</u>		Registrar's No. <u>79</u>	
1. PLACE OF DEATH a. COUNTY <u>Monroe</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Polk</u>			
b. CITY OR TOWN <u>Rural Washington Twp</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Bolivar 0841</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp # 3</u>				3. NAME OF DECEASED a. (First) <u>Osa</u> b. (Middle) <u>-</u> c. (Last) <u>Low</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 3 1951</u>		5. SEX <u>F.</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	
8. DATE OF BIRTH <u>Apr. 27 1899</u>		9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>7</u>		IF UNDER 100 HRS. Hours <u>-</u> Min. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo U</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Wm J. Low</u>		13b. MOTHER'S MAIDEN NAME <u>Mary M. Larty</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>216</u>		16. SOCIAL SECURITY NO. <u>unk</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hosp. Records</u>		ADDRESS <u>Nevada 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>unk.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Psychosis</u> <u>Epilepsy</u>						III. OTHER SIGNIFICANT CONDITIONS <u>unk.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		002X		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>Aug 1</u> , 19 <u>50</u> , to <u>Sept 3</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Sept 3</u> , 19 <u>51</u> , and that death occurred at <u>7:20 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J.P. Shroat</u> (Degree or title)		23b. ADDRESS <u>State Hosp # 3</u>		23c. DATE SIGNED <u>Sept 3, 51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 5, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jeff Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>N.E. of Bolivar, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-6-1951</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Erwin Blue</u>		ADDRESS <u>Bolivar, Mo.</u>	

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

97  
DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED

SEP 10 1951

Dist. File

951-1648

Date Filed

9-10-51

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

*William B. Erwin*

Licensed Embalmer No. 3092

P. O. Address *Polina, 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.