

5. No. 300
10. 48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

575

State File No.

FILED FEB 6 1952

BIRTH NO. _____ REG. DIST. NO. 62 PRIMARY REG. DIST. NO. 5239 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Linn Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Linn Twp	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 6 Mi. S. of Stockton, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home			

3. NAME OF DECEASED (Type or Print)	a. (First) ELMER	b. (Middle) JASON	c. (Last) LOWRY	4. DATE OF DEATH (Month) (Day) (Year) Jan. 20, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH Feb. 10, 1875	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 11 Days 10	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farm Owner	11. BIRTHPLACE (State or foreign country) Cass County Iowa	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry Clay Lowry	13b. MOTHER'S MAIDEN NAME Ellen Crane	14. NAME OF HUSBAND OR WIFE Maggie Lowry
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Maggie Lowry, Arcata, Mo	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</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) _____		
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	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) m.	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 1-10, 1952, to 1-20, 1952, that I last saw the deceased alive on 1-8, 1952, and that death occurred at 9:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Orville Lowry MD</u>	23b. ADDRESS <u>Greenfield Mo</u>	23c. DATE SIGNED <u>1-24-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-21-52</u>	24c. NAME OF CEMETERY <u>Gum Springs</u>	24d. LOCATION (City, town, or county) (State) <u>Cedar County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2-3-52</u>	REGISTRAR'S SIGNATURE <u>Geneva Garrison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John A. Cantlon</u>	ADDRESS <u>Stockton, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

Richard W. Bandall

Student Embalmer No. 405

working under my personal supervision.

Student

Richard W. Bandall
Student Embalmer

Signed

John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address. Stockton, 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.