

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>479</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>15 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>2549 Cherry 3450</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2549 Cherry</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>January 29 1952</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u>		b. (Middle) <u>N.</u>		c. (Last) <u>Lowd</u>					
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>November 27, 1888</u>			
9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Superior Warehouse</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Link Belt Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Mendota Illinois</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Frank Lowd</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen M. Patterson</u>		14. NAME OF HUSBAND OR WIFE <u>Marquette Lowd</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give year or dates of service) <u>World I War</u>		16. SOCIAL SECURITY NO. <u>439-10-0483</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Marquette Lowd</u> ADDRESS <u>2549 Cherry</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</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.				INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u> <u>42 min.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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>Oct</u> <u>1950</u> , to <u>Jan</u> <u>1952</u> , that I last saw the deceased alive on <u>Jan 11</u> , <u>1952</u> , and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>W. W. Gist MD</u> (Degree or title)				23b. ADDRESS <u>[Signature]</u>		23c. DATE SIGNED <u>Jan 5 1952</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Feb 1, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mound Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Independence, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>1-30-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilbert Home</u> ADDRESS <u>2315 Linwood</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

*In West
5 PM
Prof 13th*

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 *Chas E. Wilts*

Licensed Embalmer No. *2644*

P. O. Address *112 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.