

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15810**  
Registrar's No. **38**

**FILED JUN 3 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **52** PRIMARY REG. DIST. NO. **5181**

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

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNT <b>Cape Gir.</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural, Applecreek</b>		c. LENGTH OF STAY (In this place) <b>77 Yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural, Applecreek</b>		<b>1160</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jackson, R #3</b>			d. STREET ADDRESS (If rural, give location) <b>Jackson R #3</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>AUGUST</b>		b. (Middle)		c. (Last) <b>LOWES</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 26 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>June 9, 1874</b>		9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Peter Lowes</b>		13b. MOTHER'S MAIDEN NAME <b>Hannah Fornkahl</b>		14. NAME OF HUSBAND OR WIFE <b>Cora Ludwig Lowes</b>	
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Cora Lowes Jackson, R #3</b>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart Attack</b>				
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>4343</b>
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) <b>Heart Attack</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>At his Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>3.M.S. East Oak Ridge Mo Cape Missouri</b>	
21d. TIME OF INJURY (Month) (Day) (Year) <b>May 26 52 A.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Heart Attack</b>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>E. P. Dickson</b>		(Degree or title) <b>Coroner</b>		23b. ADDRESS <b>4.S. Pacific St Cape Girardeau Mo</b>		23c. DATE SIGNED <b>May 27.52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 29, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Johns</b>		24d. LOCATION (City, town, or county) (State) <b>Jackson R#3 Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>May 27 1952</b>	REGISTRAR'S SIGNATURE <b>D. G. Suber</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>H. C. Krause Jackson, Mo.</b>	
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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

*Gene C. Craight*

Licensed Embalmer No. *4327*

P. O. Address *Jackson, 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.