

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17609

State File No.

FILED JUN 5 1952

BIRTH NO.

REG. DIST. NO. 301

PRIMARY REG. DIST. NO. 4450

Registrar's No. 287

| | | | | | | | |
|--|--|---|--|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Ripley | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Carter | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Doniphan, | | c. LENGTH OF STAY (In this place) 8 days | | c. CITY (If outside corporate limits, write RURAL and give township) Grandin | | d. STREET ADDRESS (If rural, give location) Doniphan Mo. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Community Hospital | | | | 3. NAME OF DECEASED (Type or Print) a. (First) Ira b. (Middle) Lee c. (Last) Lowery | | | |
| 4. DATE OF DEATH (Month) (Day) (Year) 5-7-1952 | | 5. SEX male | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify). widowed | |
| 8. DATE OF BIRTH 9-3-1879 | | 9. AGE (In years) (last birthday) 72 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer | | 11. BIRTHPLACE (State or foreign country) Tenn. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer | | 10b. KIND OF BUSINESS OR INDUSTRY | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Williams Lowery | |
| 13a. FATHER'S NAME Williams Lowery | | 13b. MOTHER'S MAIDEN NAME Susan Shoulders | | 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) no | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Roy Lowery Doniphan, Mo. | | | |
| 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) Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) age 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 10 days | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 493X | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 5/2, 1952 , to 5/7, 1952 , that I last saw the deceased alive on 5/7, 1952 and that death occurred at 4:30 p.m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Frank Johnson M.D. | | | | 23b. ADDRESS Doniphan, Mo. | | 23c. DATE SIGNED 5/16/52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 5-9-1952 | | 24c. NAME OF CEMETERY OR CREMATOR Grandin Cemetery | | 24d. LOCATION (City, town, or county) (State) Grandin, Mo. | |
| DATE REC'D BY LOCAL REG. 5-19-52 | | REGISTRAR'S SIGNATURE W.D. Johnston 277 | | 25. FUNERAL DIRECTOR'S SIGNATURE Black-Edwards Funeral Home ADDRESS Doniphan, Mo. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

1910
Johnson

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 George A. Kerby

Licensed Embalmer No. 4752

P. O. Address Douglas, 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..