

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24260

State File No. ....

FILED JUL 28 1952

BIRTH NO. ....

REG. DIST. NO. 133PRIMARY REG. DIST. NO. 3022Registrar's No. 96

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Daviess	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethany, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pattonsburg, Mo. <u>1310</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sullivan Rest Home		d. STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) Cora b. (Middle) D. c. (Last) Lowrey			4. DATE OF DEATH July 18, 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <u>2</u>	8. DATE OF BIRTH Jan 15, 1866
9. AGE (In years last birthday) 80		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY --
11. BIRTHPLACE (State or foreign country) Jameson, Mo. <u>U</u>		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas Feurt		13b. MOTHER'S MAIDEN NAME Elizabeth Glaze	
14. NAME OF HUSBAND OR WIFE Charles N. Lowrey		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 John Corbin Feurt, Jameson, Mo. ADDRESS	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Cardio-vascular disease.</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 years</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. <u>Asthmatic Bronchitis and Bronchiectasis.</u> <u>10 years.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>422.1</u>	
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)		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>11-14</u> , 19 <u>47</u> , to <u>7-18</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>7-16</u> , 19 <u>52</u> , and that death occurred at <u>4:45 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE Leonard R. Lee M.D. (Date or title)		23b. ADDRESS Bethany, Mo.	
23c. DATE SIGNED 7-18-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE July 20, 52		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F.	
24d. LOCATION (City, town, or county) Pattonsburg, Mo. (State)		25. FUNERAL DIRECTOR'S SIGNATURE Zola Burris (Address) Pattonsburg, Mo.	
DATE REC'D BY LOCAL REG. 7/21/52		REGISTRAR'S SIGNATURE 1165	

(Licensed Embalmer's Statement on Reverse Side)

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

0411  
4

2/18 66 djs

**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 Louis Sweet  
Licensed Embalmer No. 4096

P. O. Address Pattonburg, 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.