

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24753

State File No. \_\_\_\_\_

No. 300  
10.48

FILED AUG 6 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 299

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 OR TOWN <u>Independence</u> <small>(If outside corporate limits, write RURAL and give township)</small>		c. CITY OR TOWN <u>Independence</u> <small>(If outside corporate limits, write RURAL and give township)</small>	
c. LENGTH OF STAY (In this place) <u>10 yrs</u>		d. STREET ADDRESS <u>1234 W. 25<sup>th</sup> Street</u> <small>(If rural, give location)</small>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1234 W. 25<sup>th</sup> Street</u> <small>(If not in hospital or institution, give street address or location)</small>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sophronia</u>	b. (Middle) <u>I</u>	c. (Last) <u>Lowry</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 19, 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Feb 12, 1875</u>	9. AGE (In years last birthday) <u>77</u>	10 UNDER 1 YEAR Months	11 UNDER 1 YEAR Days	12 UNDER 1 YEAR Hours	13 UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>	11. BIRTHPLACE (State or foreign country) <u>Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Samuel Wilson</u>	13b. MOTHER'S MAIDEN NAME <u>Bathernis Moore</u>	14. NAME OF HUSBAND OR WIFE <u>Samuel W. Lowry</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Grace Moorhead</u> ADDRESS <u>1234 W 25<sup>th</sup></u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <small>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</small>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Enter abdominal Carcinoma</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with generalized Metastasis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition &amp; Inanition</u>			

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) (Min.)	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 May, 1952, to July, 1952, that I last saw the deceased alive on July 17, 1952, and that death occurred at 6:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. H. Holton, M.D.</u> (Degree or title)	23b. ADDRESS <u>310 S Main, Independence, Mo</u>	23c. DATE SIGNED <u>7/20/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 21-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bavanna Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bavanna, Mo</u>
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DATE REC'D BY LOCAL REG <u>7-20-52</u>	REGISTRAR'S SIGNATURE <u>James L. Kelly</u>	354	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilson L. Kelly</u> ADDRESS <u>Indep. Mo</u>
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(Licensed Embalmers' Statement on Reverse Side)

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

AUG 4 REC'D

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 William L. Kepley \_\_\_\_\_

Licensed Embalmer No. 4225 \_\_\_\_\_

P. O. Address Indep. 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.