S. No. 300
v. 10.48

FILED JUL 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24822

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 319

0495
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1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Joplin
c. LENGTH OF STAY (In this place) 4 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1509 Ohio

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Joplin 8495
d. STREET ADDRESS (If rural, give location) 1509 Ohio

3. NAME OF DECEASED (Type or Print)
a. (First) Fred
b. (Middle) Russell
c. (Last) Lowry

4. DATE OF DEATH (Month) (Day) (Year) July 20 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Aug 6, 1879
9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man
10b. KIND OF BUSINESS OR INDUSTRY Theater
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thomas Lowry
13b. MOTHER'S MAIDEN NAME Achsa Smith
14. NAME OF HUSBAND OR WIFE ------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W W I
16. SOCIAL SECURITY NO. 491-01-7649
17. INFORMANT'S SIGNATURE OR NAME Miss Mabel Tyree — ADDRESS Jopcin

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 331X
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-3, 1952, *to* 7-20, 1952, *that I last saw the deceased alive on* 7-20, 1952 *and that death occurred at* 615 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Wm. L. Sims 380
23b. ADDRESS Joplin Mo.
23c. DATE SIGNED 7-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 22 52
24c. NAME OF CEMETERY OR CREMATORY Osborne Mem Park
24d. LOCATION (City, town, or county) (State) Joplin Mo

DATE REC'D BY LOCAL REG. 7-22-52
REGISTRAR'S SIGNATURE Ed S. James 138-0 by Dolores Lampkins D.R.
25. FUNERAL DIRECTOR'S SIGNATURE Hurlbut Glover — ADDRESS Joplin

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-26-52
Jasper County Health Office

County File Number 52/7/593

Date Filed 2-26-52

AUG 14 1952

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed Dale Glover

Signed _____
Student Embalmer

Licensed Embalmer No. 4593

P. O. Address Joplin 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.