

5. No. 300
 17. 10.48

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **26945**

FILED AUG 6 1952

BIRTH NO. _____		REG. DIST. NO. <u>210</u>		PRIMARY REG. DIST. NO. <u>6225</u>		Registrar's No. <u>101</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon 10802</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>			
b. CITY OR TOWN <u>Barry Township</u>		c. LENGTH OF STAY (in this place) <u>3-3-28</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fairview</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>				d. STREET ADDRESS (If rural, give location) <u>unknown</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Norace</u> c. (Last) <u>Lowder.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 28 1952</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Oct. 14 - 1884</u>	
9. AGE (in years last birthday) <u>67</u>		10. MONTHS <u>9</u>		11. DAYS <u>19</u>		12. IF UNDER 1 YEAR OF AGE: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James M. Lowder</u>			13b. MOTHER'S MAIDEN NAME <u>Louisa Haley</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>			16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Records State Hospital #3 Nevada Mo</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)							
MEDICAL CERTIFICATION							
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Arteriosclerosis</u> <u>3 years</u>			
DUE TO (c) _____				DUE TO (c) _____			
11. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.				DUE TO (c) <u>Senile Psychosis</u> <u>3 1/2 years</u>			
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) _____		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>6-15</u> , 1952, to <u>7-28</u> , 1952; that I last saw the deceased alive on <u>7-28</u> , 1952, and that death occurred at <u>4:35 PM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>George Wheeler, M.D.</u>				23b. ADDRESS <u>State Hospital #3</u>		23c. DATE SIGNED <u>7-28-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 31-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clark Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Barry Co. Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7-30-52</u>		REGISTRAR'S SIGNATURE <u>Anna E. Perry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McQueen Funeral Home</u>		ADDRESS <u>Wheaton Mo</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

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 Paul D. Herbest

Licensed Embalmer No. 4576

P. O. Address Cassville, 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.