

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42942

State File No.

FILED DEC 17 1952

BIRTH NO. _____		REG. DIST. NO. <u>244</u>		PRIMARY REG. DIST. NO. <u>5834</u>		Registrar's No. <u>6</u>		
1. PLACE OF DEATH a. COUNTY NEWTON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY NEWTON				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - MARION		c. LENGTH OF STAY (in this place) YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - MARION		0730		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 MI. SOUTH OF DUENWEG				d. STREET ADDRESS (If rural, give location) 3 MI. S OF DUENWEG				
3. NAME OF DECEASED (Type or Print) a. (First) MARY			b. (Middle) ANN		c. (Last) LOWE		4. DATE OF DEATH (Month) (Day) (Year) Nov. 26, 1952	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH SEPT. 12, 1869	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days Hours Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RUG WEAVER & HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (City and State or Foreign Country) JOPLIN, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME JOHN D. CAWYER			13b. MOTHER'S MAIDEN NAME MARY ROBERTSON		14. NAME OF HUSBAND OR WIFE FERMAN S. LOWE			
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. UNK		17. INFORMANT'S SIGNATURE OR NAME ADDRESS FERMAN S. LOWE, RT. 2, JOPLIN				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Paralysis of right side of body 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X					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) m.		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>Nov. 18, 1952</u> , to <u>Nov 21, 1952</u> , that I last saw the deceased alive on <u>Nov 21, 1952</u> , and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) John W Douglas M.D.				23b. ADDRESS 210 West 32nd Joplin Mo		23c. DATE SIGNED Nov 28 1952		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-28-52		24c. NAME OF CEMETERY OR CREMATORY STONE POINT		24d. LOCATION (City, town, or county) (State) DUENWEG, MISSOURI		
DATE REC'D BY LOCAL REG. Dec. 6 - 1952		REGISTRAR'S SIGNATURE Mrs. Allie Parnell		25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO.		ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

730
1

RECEIVED

NEWTON COUNTY HEALTH UNIT

District 1

District 6

Date Filed DEC 16 1952

1232-280

NEOSHO, MISSOURI

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

F. M. Jones

Licensed Embalmer No. 2319

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.