

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2348

State File No.

FILED FEB 9 1953 REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 7

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

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Granby</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Granby</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hosp</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rickie</u> b. (Middle) <u>Allan</u> c. (Last) <u>Lowe</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-29-1953</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>1-29-53</u>
9. AGE (In years last birthday)		10. KIND OF BUSINESS OR INDUSTRY <u>Eng</u>	11. BIRTHPLACE (State or foreign country) <u>Granby Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Wilbur Lowe</u>		13b. MOTHER'S MAIDEN NAME <u>Dot Harris</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Dot Harris</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia, Neoratorum</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Prematurity (24-25 weeks gestation)</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7625</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>1/29</u> , 19 <u>53</u> , to <u>1/29</u> , 19 <u>53</u> that I last saw the deceased alive on <u>1/29</u> , 19 <u>53</u> , and that death occurred at <u>11:40 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M.A. Chester, D.O.</u>		23b. ADDRESS <u>Granby, Mo</u>	
23c. DATE SIGNED <u>1/31/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>1-30-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>200 St</u>	
24d. LOCATION (City, town, or county) (State) <u>Newtonia Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Crewer-Shewmake</u>	
DATE REC'D BY LOCAL REG. <u>Feb 2, 1953</u>		REGISTRAR'S SIGNATURE <u>M. L. Young</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>Granby</u>		25. FUNERAL DIRECTOR'S ADDRESS	

RECEIVED

NEWPORT COUNTY HEALTH UNIT

253-33

2/7/53

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 _____

Floyd E. Shewmake Jr.

Student Embalmer No. *455*

working under my personal supervision.

Student *Floyd E. Shewmake Jr.*
Student Embalmer

Signed *G. C. Culver*

Licensed Embalmer No. *3584*

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.