

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14331**  
Registrar's No. **2259**

BIRTH NO. **FILED MAY 13 1953** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>		e. STREET ADDRESS (If rural, give location) <b>3536 Genessee</b>	<b>3468</b>
3. NAME OF DECEASED (Type or Print) a. (First) <b>Samuel</b> b. (Middle) <b>S.</b> c. (Last) <b>Lowder</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>4 28 53</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>4-8-1884</b>
9. AGE (In years last birthday) <b>69</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>20</b>	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Poultry</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Poultry</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Kansas</b>
12. CITIZEN OF WHAT COUNTRY? <b>US</b>		13a. FATHER'S NAME <b>James Lowder</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>
14. NAME OF HUSBAND OR WIFE <b>Edna Lowder</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>721-01-7403</b>
17. INFORMANT'S SIGNATURE OR NAME <b>Edna Lowder (Wife)</b>		ADDRESS <b>3536 Genessee, KCMO</b>	
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.		I. MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Diabetis, cirrhosis, severe, of liver</b>  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.		INTERVAL BETWEEN ONSET AND DEATH <b>5810.</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) (Min.)	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 <b>April 27, 19 53</b> , to <b>April 28, 19 53</b> , that I last saw the deceased alive on <b>April 28, 1953</b> , and that death occurred at <b>9:20P m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>B.I. Burns</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>24th &amp; Cherry</b>	23c. DATE SIGNED <b>4-29-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>4-30-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Quindaro Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas</b>
DATE REC'D BY LOCAL REG <b>4-30-53</b>	REGISTRAR'S SIGNATURE <b>Heraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Warnick-Custer</b>	ADDRESS <b>KCK</b>

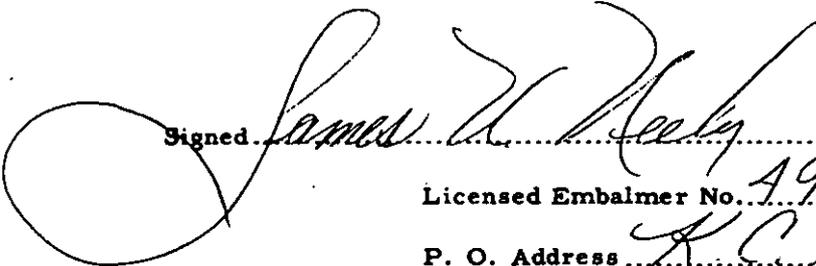
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed  .....

Licensed Embalmer No. 4918

P. O. Address A.C. S.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.