

FILED JUN 1 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17636

State File No.

BIRTH NO.		REG. DIST. NO. <u>12.0</u>	PRIMARY REG. DIST. NO. <u>4194</u>	Registrar's No. <u>63</u>
1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Albany</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Albany</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Virginia</u>		b. (Middle) <u>Alice</u>		c. (Last) <u>Lowe</u>
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Gentry County, Mo.</u>
13a. FATHER'S NAME <u>Wilson F. Canaday</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Canaday</u>		14. NAME OF HUSBAND OR WIFE <u>Jason Lowe</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Seth Cox Fowler, California</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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>lobar pneumonia</u> 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 <u>3 days.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>490x</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) <u>Albany, Mo.</u>
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:36P</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Frank H. Rose, M.D.</u>		23b. ADDRESS <u>Albany, Mo.</u>		23c. DATE SIGNED <u>5-26-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/28/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grandview</u>
24d. LOCATION (City, town, or county) (State) <u>Albany Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chittenden Brooks Albany Mo</u>		
DATE REC'D BY LOCAL REG. <u>May 26 1953</u>		REGISTRAR'S SIGNATURE <u>Maudie Williams</u>		462-2

(Licensed Embalmer's Statement on Reverse Side)

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

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Edith Brooks

Licensed Embalmer No. 3329

P. O. Address Albany Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.