

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42055

FILED JAN 4 1954

State File No. ....

BIRTH NO. ....

REG. DIST. NO. 25

PRIMARY REG. DIST. NO. 4036

Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <b>BATES.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>BATES</b>	
b. CITY OR TOWN <b>RICH HILL.</b>		c. CITY OR TOWN <b>RICH HILL.</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>60 YRS.</b>		e. STREET ADDRESS (If rural, give location) <b>203 E. MAPLE ST.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>203 E. MAPLE ST</b>		3. NAME OF DECEASED (Type or Print) a. (First) <b>ORA</b> b. (Middle) <b>LOWDER</b> c. (Last) <b>LOWDER</b>	
4. DATE OF DEATH <b>DEC-19-1953</b>		5. SEX <b>FEMALE</b>	
6. COLOR OR RACE <b>WHITE.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>OCT-27-1878</b>		9. AGE (In years last birthday) <b>75</b> Months <b>1</b> Days <b>23</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME.</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>FONTAIN KANSAS.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JAMES ROBBINS</b>		13b. MOTHER'S MAIDEN NAME <b>FLORA CLENDENING</b>	
14. NAME OF HUSBAND OR WIFE <b>JAMES LOWDER</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <b>NONE.</b>		17. INFORMANT'S SIGNATURE OR NAME <b>James Lowder - Rich Hill, Mo.</b> ADDRESS	
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 <b>Coronary Artery Insufficiency</b>  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* ANTECEDENT CAUSES Morbidity 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.	
19a. DATE OF OPERATION <b>1</b>		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) <b>442 X</b>	
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 <b>Jan 14, 1953</b> to <b>Jan 19, 1953</b> , that I last saw the deceased alive on <b>Jan 14, 1953</b> , and that death occurred at <b>9:30 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Orville J. Golden M.D.</b>		23c. DATE SIGNED <b>Jan 20 1953</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>DEC-22-1953</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>GREEN LAWN CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>RICH HILL, MISSOURI.</b>	
DATE REC'D BY LOCAL REG. <b>Dec 30, 1953.</b>		REGISTRAR'S SIGNATURE <b>Mr. Edwin Douglas</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Booth Funeral Home - Rich Hill, Mo.</b>		ADDRESS	

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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Robert G. Steubel*.....

Licensed Embalmer No. *4057*.....

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