

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

FILED JAN 18 1954

State File No. 479

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>600</u>	
1. PLACE OF BIRTH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Cape Girardeau</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Cape Gir</u>	
c. LENGTH OF STAY (in this place) <u>2 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Shannon</u>		d. STREET ADDRESS (If rural, give location) <u>Cat Ridge Mo. Rt 1 0160</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S.E. Mo Hospital</u>				d. STREET ADDRESS			
3. NAME OF DECEASED (First) <u>Cora</u>		b. (Middle) <u>Mary</u>		c. (Last) <u>Lowes</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 11 - 1954</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Sept 29 - 1875</u>	
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>78</u> Months <u>3</u> Days <u>12</u> If UNDER 1 YEAR Hours <u></u> Min. <u></u>	
11. BIRTHPLACE (State or foreign country) <u>Cat Ridge Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Henry Lowes</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Keefe</u>		14. NAME OF HUSBAND OR WIFE <u>not married</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Chas Lowes</u> ADDRESS <u>Cat Ridge R 2</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u></u>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>		ANTECEDENT CAUSES DUE TO (b) <u>Cardiac Decompensation</u>				<u>5 Min.</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Gangrene of legs, bilateral</u>				<u>2 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>455X</u>						<u>7 days</u>	
19a. DATE OF OPERATION <u>1-8-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Gangrene both legs (Left amputated above knee)</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u></u>			
22. I hereby certify that I attended the deceased from <u>12-29, 1953</u> , to <u>1-11, 1954</u> , that I last saw the deceased alive on <u>1-11, 1954</u> , and that death occurred at <u>4:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frank Kael M.D.</u>				23b. ADDRESS <u>Cape Girardeau Mo</u>		23c. DATE SIGNED <u>1/12/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 13 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Arnsberg</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Gir Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-13-54</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		FUNERAL DIRECTOR'S SIGNATURE <u>McCombe &amp; Co</u>		ADDRESS <u>Jackson Mo</u>	

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 .....  
Student Embalmer

Signed Ba Meyer

Licensed Embalmer No. 3057

P. O. Address Jackson m

**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.