

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10871

State File No.

FILED MAR 16 1954

BIRTH NO. _____ REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 4450 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greentop</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greentop</u>	
c. LENGTH OF STAY (In this place) <u>1rs.</u>		d. STREET ADDRESS (If usual city location) <u>Greentop</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At family home in Greentop</u>		e. STREET ADDRESS (If usual city location) <u>Greentop</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Hattie</u>	b. (Middle) <u>H.</u>	c. (Last) <u>Lowe</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 10, 1954</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 20, 1869</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>near Salisbury, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Elige Towles</u>	13b. MOTHER'S MAIDEN NAME <u>Mary -- UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>Pressley Lowe</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Minnie Furnish, Greentop, Mo.</u>	ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial failure</u>		<u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u>		<u>3 days</u>
	DUE TO (c) <u>Arteriosclerosis</u>		<u>15 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Red ridder & both hips fractured</u>			<u>4 years</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from 8/1, 1950, to 5/10, 1954, that I last saw the deceased alive on 3/10, 1954, and that death occurred at 6:00 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward M. Roberts, M.D.</u> (Degree or title)	23b. ADDRESS <u>Queen City, Missouri</u>	23c. DATE SIGNED <u>3-11-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/13/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greentop</u>	24d. LOCATION (City, town, or county) (State) <u>Greentop, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3/13/54</u>	REGISTRAR'S SIGNATURE <u>Mrs. C. J. Roberts</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul M. Roberts</u>	ADDRESS <u>Kirksville, Mo.</u>
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Richard H. Randall

Licensed Embalmer No. 4866

P. O. Address Fiskeville, 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.