No. 300
10.48

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

FILED JUN 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19345

BIRTH NO. _____ REG. DIST. NO. 456 PRIMARY REG. DIST. NO. 2001 Registrar's No. 294

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 132 Pearl

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN: Joplin
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 723 Virginia 649 D

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): Green
c. (Last): Lowe

4. DATE OF DEATH (Month) (Day) (Year): June 19 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb 25, 1876
9. AGE (In years last birthday): 78 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cafe worker
10b. KIND OF BUSINESS OR INDUSTRY: Retail food
11. BIRTHPLACE (City and State or Foreign Country): Clay County Ark.
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: (Unknown) Lowe
13b. MOTHER'S MAIDEN NAME: No record
14. NAME OF HUSBAND OR WIFE: ------
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: William S. Lowe
ADDRESS: Joplin

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 HRS

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic Hypertensive Hrt — 10 yrs.
DUE TO (c) Disease

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Ca of Lung — Unknown

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201 H
20. AUTOPSY? YES ☐ NO ☑

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5/27/ *, 19* 54 *, to* 6/19 *, 19* 54 *, that I last saw the deceased alive on* 6-18 *, 19* 54 *, and that death occurred at* 1:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. A. Schulte M.D.
23b. ADDRESS: 421 Frisco Bldg
23c. DATE SIGNED: 6/22/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jun 22, '54
24c. NAME OF CEMETERY OR CREMATORY: Osborn Mem Park
24d. LOCATION (City, town, or county) (State): Joplin Mo.

DATE REC'D BY LOCAL REG.: 6-22-54
REGISTRAR'S SIGNATURE: Ted Jones by Delores Lampkins
25. FUNERAL DIRECTOR'S SIGNATURE: Hurlbut Glover
ADDRESS: Joplin

(Licensed Embalmer — See Statement on Reverse Side)

RECEIVED JUN 28
Jasper County Health C
County File Number 54-6
Date Filed JUN 28

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4593

P. O. Address Joplin, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.