

FILED JUN 28 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21814**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **388** PRIMARY REG. DIST. NO. **4572** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY <b>Sullivan</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: guidance before admission) a. STATE <b>Mo</b> b. COUNTY <b>Sullivan</b>		
b. CITY OR TOWN <b>Newtown</b>		c. LENGTH OF STAY (in this place) <b>25</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Newtown</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>			d. STREET ADDRESS (If rural, give location) <b>1050</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>SARAH</b> b. (Middle) <b>ARIZONA</b> c. (Last) <b>LOWRY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>6-11-54</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>w</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>11-24-68</b>		9. AGE (in years last birthday) <b>85</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	11. BIRTHPLACE (State or foreign country) <b>Putnam County Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
13a. FATHER'S NAME <b>Robert L. Moore</b>		13b. MOTHER'S MAIDEN NAME <b>Julia Wood</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>J. W. Moore</b> ADDRESS <b>Newtown Mo</b>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b> 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. <b>Cerebral Apoplexy</b> <b>Arteriosclerosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 year</b>  <b>6 month</b> <b>5 year</b>
19a. DATE OF OPERATION	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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>May 5, 1939</b> , to <b>June 11, 1954</b> , that I last saw the deceased alive on <b>June 11, 1954</b> , and that death occurred at <b>12:50 P.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>J. W. Dale</b> (Degree or title) <b>D.O.</b>			23b. ADDRESS <b>Newtown, Mo.</b>		23c. DATE SIGNED <b>6/12/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>6-14-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Howard</b>		24d. LOCATION (City, town, or county) (State) <b>Country Sullivan Mo</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>FILED JUN 28 1954</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Judd &amp; Payne</b> ADDRESS		

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

1050

APR 27 1956

JUL 7 1956

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

*T. Howard Deuld*

Licensed Embalmer No. *5240*

P. O. Address *New Town*

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.