

No. 300
10.48

FILED NOV 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38320**

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5938 Registrar's No. 200

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Conn. b. COUNTY Stratford	
b. CITY (If outside corporate limits, write RURAL and give township) Rural... <u>Doolittle</u>		c. CITY OR TOWN Stratford	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) 0		e. STREET ADDRESS (If rural, give location) 53 Surf Avenue <u>5060</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 9 Miles West of Rolla HiWa.66			

3. NAME OF DECEASED (Type or Print) a. (First) EARL b. (Middle) RAY c. (Last) LOWE		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov.</u> 6 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 8, 1922
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Operator		10b. KIND OF BUSINESS OR INDUSTRY (Self) Truck Line	11. BIRTHPLACE (City and State or Foreign Country) Los Angeles California
13a. FATHER'S NAME Ray S. Lowe		13b. MOTHER'S MAIDEN NAME Bessie Rea	14. NAME OF HUSBAND OR WIFE Leona Lowe (Clark)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No XX		16. SOCIAL SECURITY NO. 344-16-9571	17. INFORMANT'S SIGNATURE OR NAME Mrs. Bessie Conley, Washington D.C.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage and shock, Internal chest injuries, multiple compound fractures of both lower and upper limbs, crushed chest and pelvis. (b) both lower and upper limbs, crushed chest and pelvis. (c) Automobile accident. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E8161 20	
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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) US Hiway 66	21c. (CITY, TOWN, OR TOWNSHIP) Rural... <u>Rolla</u> (COUNTY) Phelps (STATE) Mo.
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21d. TIME OF INJURY 6 Nov. 1954 5:19PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR Collision between Automobile and Truck.
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased Die on 6 Nov. 1954, and that death occurred at 5:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>S. B. V. [Signature]</u> (Degree or title) Coroner. 3	23b. ADDRESS 502 West 8th St., Rolla Mo.,	23c. DATE SIGNED 11/11/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 11 1954	24c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery	24d. LOCATION (City, town, or county) (State) Rolla Missouri
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DATE REC'D BY LOCAL REG. Nov. 11, 1954	REGISTRAR'S SIGNATURE <u>Nadine L. Steele</u>	25. FUNERAL DIRECTOR'S SIGNATURE Null Son Funeral Home By: <u>Paul E. Null</u>	ADDRESS Rolla Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed NOV 13 1954

DEC 10 1954

NOV 19 1954

MAR 20 1963

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..... *Paul E. New*

Licensed Embalmer No. 449

P. O. Address..... *Rolla*

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.