

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **40187**

FILED JAN 10 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1371**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Doniphan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (In this place) <b>23 Days</b>	c. CITY OR TOWN <b>Doniphan</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Missouri Methodist Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>415<sup>g</sup></b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Clare.</b>		b. (Middle) <b>Eileen</b>	c. (Last) <b>Lowe</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>12/29/54</b>		5. SEX <b>Female</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	
8. DATE OF BIRTH <b>10/24/86</b>		9. AGE (In years last birthday) <b>68</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Doniphan Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Charles A. Lowe</b>		13b. MOTHER'S MAIDEN NAME <b>Helen Waller</b>	
14. NAME OF HUSBAND OR WIFE <b>Single</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>494-12-0301</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Albert W. Lowe</b> ADDRESS <b>Kansas City Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>generalized carcinomatosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 mo.</b>	
ANTECEDENT CAUSES		DUE TO (b) <b>Carcinoma of pancreas -</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>157x</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE	
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 (Month) (Day) (Year) (Hour) OF INJURY		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>12/18</b> , 19 <b>54</b> , to <b>12/30</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>12/30</b> , 19 <b>54</b> and that death occurred at <b>6:40A.</b> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>John C. Grogan M.D.</b>		23b. ADDRESS <b>420 N. 8<sup>th</sup> St. Doniphan Mo.</b>	
23c. DATE SIGNED <b>12/31/54</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>12/30/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Doniphan</b>	
24d. LOCATION (City, town, or county) (State) <b>Doniphan Kansas</b>		DATE REC'D BY LOCAL REG. <b>Jan. 4, 1955</b>	
REGISTRAR'S SIGNATURE <b>Gather M. Allison</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Vernon B. Tibbitts</b> ADDRESS <b>1201 1/2</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *E. L. Karr*.....

Licensed Embalmer No. *353*.....

P. O. Address *Truy*.....

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.