

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41804

State File No.

No. 300
10-48

FILED DEC 28 1954

REG. DIST. NO. 238

PRIMARY REG. DIST. NO. 5821 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>NEW MADRID</u>	
b. CITY OR TOWN <u>RURAL</u>		c. CITY OR TOWN <u>RURAL</u>	
c. LENGTH OF STAY (in this place) <u>3 YRS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SIKESTON RFD #3</u>		STREET ADDRESS (If rural, give location) <u>SIKESTON RFD # 0720</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>EDGAR</u> c. (Last) <u>LOWE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-10-54</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>7-6-1952</u>	9. AGE (In years last birthday) <u>2</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 Wks. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BABY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>NEW MADRID Co, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>ROBERT OLEN LOWE</u>	13b. MOTHER'S MAIDEN NAME <u>JOSIE WILLIAMS</u>	14. NAME OF HUSBAND OR WIFE <u>-</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert O Lowe - Sikeston Mo RFD 3</u>	ADDRESS <u>Sikeston Mo RFD 3</u>
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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>No. Medical attendant</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Crushed Chest by upset</u> DUE TO (c) <u>Washing machine</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9100 22</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) <u>ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NEW MADRID MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>DEC 10 1954 11 A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>CRUSHED CHEST BY UPSET WASHING MACHINE</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Leo H. Hargrath</u>	23b. ADDRESS <u>Carver New Madrid, Mo. Dec. 22 54</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL <u>REMOVAL</u>	24b. DATE <u>12-11-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>COAL HILL</u>	24d. LOCATION (City, town, or county) (State) <u>COAL HILL, ARK.</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>DEC 24 1954 J. H. Hargrath</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Welch Funeral Home - Sikeston Mo</u>	ADDRESS
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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... *Raymond Crews*

Licensed Embalmer No. *346*

P. O. Address *Lekeston*

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.