

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Coal</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		c. LENGTH OF STAY (in this place) <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Wellsville</u>		d. STREET ADDRESS (If rural, give location) <u>Rural 0700</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Rural 0700</u>			
3. NAME OF DECEASED (Type or Print) <u>Elizabeth Marie Lowry</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 16 - 1955</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>12/8/1877</u>	
9. AGE (in years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>8</u>		IF UNDER 1 YEAR Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>house work</u>		11. BIRTH PLACE (State or foreign country) <u>Irish Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>W. E. Kille</u>		13b. MOTHER'S MAIDEN NAME <u>Broline Hopper</u>		14. NAME OF HUSBAND OR WIFE <u>James Lowry Dec.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert Lowry - Wellsville, Mo</u>			
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) <u>Carcinoma of breast</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</u> 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. <u>Carcinoma left breast</u> ?			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>180 X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to 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 <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 <u>Jan 4, 1955</u> , to <u>Jan 16, 1955</u> , that I last saw the deceased alive on <u>Jan 16, 1955</u> , and that death occurred at <u>6:20 AM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Ernest D. Supabahn, M.D.</u>				23b. ADDRESS <u>Jefferson City, Mo.</u>		23c. DATE SIGNED <u>Jan 18/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/18/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nellville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Nellville Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan 16 - 1955</u>		REGISTRAR'S SIGNATURE <u>R. P. Dorris M.F.R.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. B. Wells Wellsville, Mo</u>			

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed.....
Student Embalmer

Licensed Embalmer No. 1588

P. O. Address. Nellville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.