

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. C.R. Macdonald
17563
State File No. _____

No. 300
10-48

FILED MAY 31 1955

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 6267 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>WEBSTER</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL, JACKSON TWP</u>		c. LENGTH OF STAY (in this place) <u>33 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL, JACKSON TWP</u>		d. STREET ADDRESS (If rural, give location) <u>1120</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION					

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>COOPER</u> c. (Last) <u>LOWDER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 8 1955</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JANUARY 24, 1887</u>	9. AGE (In years last birthday) <u>68</u>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>WEBSTER Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>WILLIAM D. LOWDER</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY DAY</u>		14. NAME OF HUSBAND OR WIFE <u>MABEL LOWDER</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or date of service) <u>WW I</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MABEL LOWDER, MARSHFIELD, MO</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>2 Hours</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				<u>Several years.</u>
	DUE TO (b) <u>Vascular Hypertensive Disease</u>				
	DUE TO (c) <u>(Rated totally disabled by Vet. Adm.)</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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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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?
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22. I hereby certify that I attended the deceased from April 12, 1955, to May 9, 1955, that I last saw the deceased alive on May 9, 1955, and that death occurred 12:09 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>C.R. Macdonald, M.D.</u> (Degree or title)		23b. ADDRESS <u>Marshfield, Mo.</u>	23c. DATE SIGNED <u>5/10/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5/11/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>TIMBER RIDGE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>WEBSTER Co., MO</u>
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DATE REC'D BY LOCAL REG. <u>5-10-55</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature]</u>
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WRITE PLAINLY—USING UNFADING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Lucien J. Swadley

Licensed Embalmer No. 4816

P. O. Address Marshfield

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.