

FILED AUG 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHDR. RUSSELL
State File No. 21823

BIRTH NO.		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 656B		
1. PLACE OF DEATH a. COUNTY GREENE b. CITY (If outside corporate limits, write RURAL and give town or township) OR TOWN SPRINGFIELD c. LENGTH OF STAY (in this place) 7 MO.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GREENE c. CITY OR TOWN SPRINGFIELD d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION 914 W. WALNUT				f. STREET ADDRESS (If rural, give location) 1935 S. DOLLISON 08960				
3. NAME OF DECEASED (Type or Print) NELL a. (First)			b. (Middle) LOWE		c. (Last)			
4. DATE OF DEATH JULY 29 1955 (Month) (Day) (Year)								
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JAN. 26 1878		
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) BONHAM, TEXAS		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME WILLIAM PERKER			13b. MOTHER'S MAIDEN NAME SARAH SIMCOCK			14. NAME OF HUSBAND OR WIFE CLAUDE LOWE (DECEASED)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO			16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. CLARA SCHELLHARDT SPRINGFIELD, MO.			
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) Pulmonary Edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congested Heart Failure DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured left hip					INTERVAL BETWEEN ONSET AND DEATH 1 week 2 weeks 1 mo	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) 4341F			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 July 1, 1955, to July 29, 1955, that I last saw the deceased alive on July 29, 1955, and that death occurred at 9:15 P.M., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) E. Russell M.D.				23b. ADDRESS 1951 S. National Springfield, Mo		23c. DATE SIGNED 8-1-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8/2/55		24c. NAME OF CEMETERY OR CREMATORIUM ST. MARY'S CEMETERY		24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI		
DATE REC'D BY LOCAL REG. 8/2/55		REGISTRAR'S SIGNATURE Edith DeLongor		SUPERVISOR'S SIGNATURE		ADDRESS SPRINGFIELD, MO.		

(Licensed Embalmer's Statement on Reverse Side)

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 emb

by me or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 473

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.