

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **25837**

BIRTH NO. _____		REG. DIST. NO. <b>128</b>		PRIMARY REG. DIST. NO. <b>2000</b>		Registrar's No. <b>717</b>	
1. PLACE OF DEATH a. COUNTY <b>GREENE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>			
b. CITY OR TOWN <b>SPRINGFIELD</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>SPRINGFIELD</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1503 N. GRANT</b>				e. STREET ADDRESS (If rural, give location) <b>926 E. PAGE</b>			
3. NAME OF DECEASED (Type or Print) <b>FRED B. LOWTHER</b>			a. (First) <b>B.</b> b. (Middle) <b>L.</b> c. (Last) <b>LOWTHER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>AUG 15, 1955</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>SEPT 15, 1893</b>	
9. AGE (In years last birthday) <b>61</b>		IF UNDER 1 YEAR Months Days		IF UNDER 12 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SEV. STA. OPP.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SERVICE STATION</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>PERRY LOWTHER</b>			13b. MOTHER'S MAIDEN NAME <b>LETA WHITWORTH</b>			14. NAME OF HUSBAND OR WIFE <b>BEATRICE LOWTHER</b>	
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. <b>494-10-3879</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>BEATRICE LOWTHER SPRINGFIELD, 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>Coronary heart disease</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6-9 mos.</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, 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. DUE TO (b) _____ DUE TO (c) <b>4201</b>					
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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
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 <b>1952</b> , to <b>Aug 11</b> , 1955, that I last saw the deceased alive on <b>Aug 11</b> , 1955, and that death occurred at <b>7:15p</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Horace Aub Rose, Jr.</b> (Degree or title)				23b. ADDRESS <b>430 South St</b>		23c. DATE SIGNED <b>8/16/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>AUG. 18, 55</b>		24c. NAME OF CEMETERY, OR CREMATORY <b>GREENLAWN CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD, MO.</b>	
DATE REC'D BY LOCAL REG. <b>8-18-55</b>		REGISTRAR'S SIGNATURE <b>Ernie Williams</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. W. Klingler &amp; Co SPRINGFIELD, MISSOURI</b>			

(Licensed Embalmer's Statement on Reverse Side) **Dr.**

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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 450

P. O. Address Spring

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.