

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29555**

FILED SEP 19 1955

BIRTH NO. _____ REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **3022** Registrar's No. **74**

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE North Carolina b. COUNTY Guilford	
b. CITY OR TOWN Bethany	c. LENGTH OF STAY (In this place) 2 hours	c. CITY OR TOWN Greensboro	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 Nell Hospital		e. STREET ADDRESS (If rural, give location) do not know	

3. NAME OF DECEASED (Type or Print)	a. (First) Doyle	b. (Middle) Hobbs	c. (Last) Howe	4. DATE OF DEATH (Month) (Day) (Year) 9-14-55
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 6-1-1924	9. AGE (In years last birthday) 31	IF UNDER 1 YEAR Months 3 Days 13	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and State or Foreign Country) Guilford County North Carolina	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME William B. Lowe	13b. MOTHER'S MAIDEN NAME Lucy D. Lowe	14. NAME OF HUSBAND OR WIFE None
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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 William T. Lowe	ADDRESS Greensboro N.C.
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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 2 1/2 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock (99516)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) following injury DUE TO (c) hemorrhage		
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"/>
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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) OTH (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 **Sept 14, 1955**, to **Sept 19, 1955**, that I last saw the deceased alive on **Sept 14, 1955**, and that death occurred at **9:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (De signer or title) Miriam Parker M.D.	23b. ADDRESS Bethany Mo	23c. DATE SIGNED 9/15/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9-15-55	24c. NAME OF CEMETERY OR CREMATORY Lambeth Funeral Home	24d. LOCATION (City, town, or county) (State) Greensboro N.C.
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DATE REC'D BY LOCAL REG. 9/15/55	REGISTRAR'S SIGNATURE Zola Burris '60	25. FUNERAL DIRECTOR'S SIGNATURE William Bethany Mo	ADDRESS
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

0.300
0.48

SEP 27 1955

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. 389

P. O. Address Bethany, N.J.

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.