

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 12 1955

State File No. 37121

BIRTH NO. 88832-55 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 472

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberty	
c. LENGTH OF STAY (In this place) 57 hrs		d. STREET ADDRESS (If rural, give location) 204 West St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION San. Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Jean c. (Last) Lowman			4. DATE OF DEATH (Month) (Day) (Year) Nov-27-55		
5. SEX Female		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH Nov. 25-1955		9. AGE (In years last birthday) 2		10. MONTHS 8	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Elmer E. Lowman		13b. MOTHER'S MAIDEN NAME Mary R. Pateoster		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Elmer E. Lowman. Liberty, Mo.	
				ADDRESS	

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) Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 48 hrs
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Multiple Congenital Anomalies			57 hrs
		DUE TO (c) 7593			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 11/25/55		19b. MAJOR FINDINGS OF OPERATION Omphalocele, malrotation, atresia, meconium ileus, jejunocolic fistula			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)		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 11/25 1955, to 11/27, 1955, that I last saw the deceased alive on 11/27/55, 1955, and that death occurred at 6:48 a.m., from the causes and on the date stated above.

23a. SIGNATURE William L. Cox, M.D. (Degree or title)		23b. ADDRESS Liberty, Mo.		23c. DATE SIGNED 11/27/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov 28, 1955		24c. NAME OF CEMETERY OR CREMATORY New Hope	
24d. LOCATION (City, town, or county) (State) Liberty, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Church Precher, 359		ADDRESS Church Precher Co. Liberty, Mo.	
DATE REC'D BY LOCAL REG. 11-28-55		REGISTRAR'S SIGNATURE			

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 Harold E. Smith

Licensed Embalmer No. 4575

P. O. Address Liberty, Miss

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.