

No. 300
10.48

FILED FEB 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2034

BIRTH NO. REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5770 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. COUNTY Mercer	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Princeton-Madison Twp. Life		c. CITY OR TOWN Princeton	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 2650	

3. NAME OF DECEASED (Type or Print)	a. (First) Ada	b. (Middle) Belle	c. (Last) Lowe	4. DATE OF DEATH (Month) (Day) (Year) Jan. 28-56
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 14, 1866	9. AGE (In years last birthday) 89	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper	11. BIRTHPLACE (City and State or Foreign Country) Mercer Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John H. Higgins	13b. MOTHER'S MAIDEN NAME Anna Moss	14. NAME OF HUSBAND OR WIFE Dave Lowe
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mollie Virden Princeton, Mo.	ADDRESS
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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 6 Wks
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) acute myocarditis		
	ANTECEDENT CAUSES		
	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) Parkinson Syndrome		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS		
	Conditions contributing to the death but not related to the disease or condition causing death.		350X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? No
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22. I hereby certify that I attended the deceased from July 1, 1950, to July 28, 1956, that I last saw the deceased alive on Jan 30, 1956 and that death occurred at 9 1/2 m., from the causes and on the date stated above.

23a. SIGNATURE J. M. Perry, M.D. (Degree or title)	23b. ADDRESS Princeton, Mo.	23c. DATE SIGNED July 29, 56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-30-56	24c. NAME OF CEMETERY OR CREMATORY Goshen Ceme.	24d. LOCATION (City, town, or county) (State) Mercer Co. Mo.
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DATE REC'D BY LOCAL REG. 2-2-56	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Martin	ADDRESS Martin Funeral Home Princeton, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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.....
John Martin

Licensed Embalmer No. *3760*

P. O. Address *Princeton*

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.