

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19281**

FILED JUN 15 1956 REG. DIST. NO. **833** PRIMARY REG. DIST. NO. **3074** Registrar's No. **95**

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Sikeston</b>		c. LENGTH OF STAY (in this place) <b>6 Days</b>	c. CITY OR TOWN <b>Vanduser</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Mo. Delta Community Hospital</b>		4. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Aspiza</b> b. (Middle) <b>Anna</b> c. (Last) <b>Lowe</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6 1 1956</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>7-1-1878</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <b>77 9</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>Morley, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Drew Vaughn</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Estes</b>	14. NAME OF HUSBAND OR WIFE <b>Robert Edward Lowe</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>—</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>L. O. Williams, Vanduser, Mo.</b>

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Anuria</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 8 hrs.</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Post op. biliary (common duct) obstruction</b>		<b>4 days</b>
DUE TO (c) <b>Chr. Cholecystitis</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>1 mo.</b>
19a. DATE OF OPERATION <b>5/20/56</b> <b>5/21/56</b>	19b. MAJOR FINDINGS OF OPERATION <b>Chronic Cholecystitis &amp; Cholelithiasis</b> <b>Common duct obstruction, distal.</b>		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)	<b>584X</b>	
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 <b>5-27</b> , 1956, to <b>6-1</b> , 1956, that I last saw the deceased alive on <b>6-1</b> , 1956, and that death occurred at <b>11:40 P. m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>William J. Longman</b>		23b. ADDRESS <b>Sikeston, Mo.</b>	23c. DATE SIGNED <b>6/5/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>6-3-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>NEW CITY</b>	24d. LOCATION (City, town, or county) (State) <b>MORLEY MO</b>	
DATE REC'D BY LOCAL REG. <b>6-6-56</b>	REGISTRAR'S SIGNATURE <b>Miss Helen Hunter</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Welsh Funeral Home - Sikeston Mo</b>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED JUN 11 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No.

658-130

**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 Raymond Coe .....

Licensed Embalmer No. 346

P. O. Address Sikeston .....

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.