

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

21248

State File No.

FILED JUN 21 1956

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5789 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>MISSISSIPPI</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MISSISSIPPI</u>		
b. CITY OR TOWN <u>RURAL ST. JAMES</u>		c. LENGTH OF STAY (In this place) <u>2 mo. 17 day</u>	c. CITY OR TOWN <u>RURAL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>10</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 M.E. OF EAST PRAIRIE MO.</u>			e. STREET ADDRESS (If rural, give location) <u>8 M.E. OF EAST PRAIRIE MO.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>BOBBIE</u> b. (Middle) <u>RICKIE</u> c. (Last) <u>LOWRY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 12, 1956</u>		
5. SEX <u>MEAL</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>MARCH 25, 1956</u>	9. AGE (In years last birthday) <u>2</u> IF UNDER 1 YEAR Months <u>17</u> Days _____ Hours _____ Min. _____	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>EAST PRAIRIE MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>ODELL LOWRY</u>		13b. MOTHER'S MAIDEN NAME <u>NADINE PIERPOINT</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO.</u>		16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ODELL LOWRY RT. 2 EAST PRAIRIE MO.</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 Weeks.</u>	
*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) <u>Parents said child had a bad cold and was over cold</u> DUE TO (c) <u>Y apparently feeling better</u>			
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 <u>493x</u>		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"/> <u>no medical attendance</u>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:30 A.M.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Wm. Shelby, Coroner</u>		(Degree or title)		23b. ADDRESS <u>East Prairie, Mo.</u>	23c. DATE SIGNED <u>6-12-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-14-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LOWRY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>BIG SANDY TENN</u>		
DATE REC'D BY LOCAL REG. <u>6-14-56</u>	REGISTRAR'S SIGNATURE <u>Gertrude L. Harper</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. Shelby, East Prairie, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
Miss. Co. Health D
County File No. JUN
Date Filed JUN 16 19

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 *T. W. Shelby Jr.*
Licensed Embalmer No. *494*
P. O. Address *East. Brook*

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.