

STANDARD CERTIFICATE OF DEATH

23155

STATE FILE NUMBER

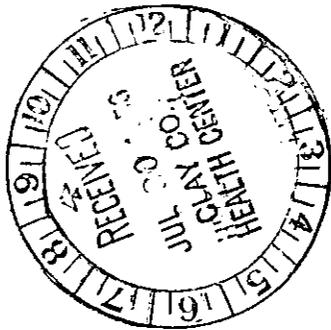
FILED AUG 6 - 1956

Registration District No. 72 Primary Registration District No. 4434 Registrar's No. 63

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|--|-------------------------------|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Clay</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Smithville, Mo.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>North Kansas City, Mo.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION <u>Smithville Hospital</u> | | Length of stay in 1b <u>6 days</u> | d. STREET ADDRESS <u>824 N. 22nd St.</u> | | (If outside, give location) <u>Platte Co.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Viola</u> Middle <u>Lowmiller</u> Last <u>Stamper</u> | | | 4. DATE OF DEATH Month <u>7</u> Day <u>19</u> Year <u>56</u> | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>6-14-1876</u> | 9. AGE (In years last birthday) <u>80</u> IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and state or country) <u>Platte County, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13. FATHER'S NAME <u>Amos B. Lowmiller</u> | | | 14. MOTHER'S MAIDEN NAME <u>Mary Ann Gotschall</u> | | |
| 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. _____ | 17. INFORMANT Address <u>Mrs. Algin Wills - Platte City, Mo.</u> | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CEREBRAL THROMBOSIS</u> DUE TO (b) <u>ARTERIOSCLEROSIS, GENERALIZED</u> DUE TO (c) <u>332X</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>8 HRS</u> <u>5 yrs</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>DIABETES MELLITUS, AURICULAR FIBRILLATION</u> | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) _____ | | | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ | | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____ | | | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____ | | | |
| 21: I attended the deceased from <u>JAN 1956</u> to <u>July 19, 1956</u> and last saw her ^{him} alive on <u>July 19, 1956</u> Death occurred at <u>2:00</u> A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>David H. Miles, M.D.</u> (Type or title) | | | 22b. ADDRESS <u>Smithville, Mo.</u> | | 22c. DATE SIGNED <u>7-25-56</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>7-20-56</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Second Creek Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Platte County, Mo.</u> | |
| 24. FUNERAL DIRECTOR <u>Pollins-Mitchell Funeral Home</u> <u>Platte City, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>7-25-56</u> | 26. REGISTRAR'S SIGNATURE <u>Marquitta Ludgens</u> | | |

MEDICAL CERTIFICATION

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.



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 *Roland M. Giffey*

Licensed Embalmer No. *47*

P. O. Address *Watte City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING, 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.