

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

**25865**

STATE FILE NUMBER

FILED AUG 22 1956

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 248

Health,  
& Welfare  
Public  
Service

S. 300  
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms to be listed. All 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

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirkville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kirkville</b> <i>00130</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1810 So. 1st S.,</b>		Length of stay in lb <b>5 yrs</b>	d. STREET ADDRESS (If outside, give location) <b>1810 So. 1st St</b>
3. NAME OF DECEASED (Type or print) <b>Harry Morton Lowen</b> <i>First Middle Last</i>			4. DATE OF DEATH <b>Aug. 15, 1956</b> <i>Month Day Year</i>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 27, 1895</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Mail Carrier</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Rural Mail Carrier</b>	11. BIRTHPLACE (City and state or country) <b>Trenton, Mo.</b>
13. FATHER'S NAME <b>John Morton Lowen</b>		14. MOTHER'S MAIDEN NAME <b>Mattie Arbuckle</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes W. W. I.</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mrs. Alice Lowen, Kirkville, Mo.</b> <i>Address</i>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of Stomach more than 3 yrs.</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			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.) <b>151X</b>		
20c. TIME OF INJURY Hour <b>a. m.</b> Month <b>Day, Year</b> p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>3/19/56</b> to <b>8/15/56</b> and last saw <del>him</del> <sup>her</sup> alive on <b>8/14/56</b> Death occurred at <b>9:20 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>E. Bentinam D.O.</b> <i>(Degree or title)</i>		22b. ADDRESS <b>Kirkville, Mo.</b>	22c. DATE SIGNED <b>8-16-56</b>
23a. BURIAL, CREMATION, BENEFIT (Specify) <b>Burial</b>	23b. DATE <b>8/19/56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Maple Hills Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kirkville, Mo.</b>
24. FUNERAL DIRECTOR <b>Fal M. Pileas</b> <i>ADDRESS</i> <b>Kirkville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>8-17-56</b>	26. REGISTRAR'S SIGNATURE <b>Kate Lambert</b>

(Licensed Embolmer's Statement on Reverse Side)

1-0

AUG 22 1956

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 *George W. Davel* .....

Licensed Embalmer No. *472* .....

P. O. Address *Kirkwood* .....

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.