

STANDARD CERTIFICATE OF DEATH

32214

STATE FILE NUMBER

FILED SEP 26 1956

Registration District No.

318

Primary Registration District No.

1003

Registrar

8213

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will 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		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Centralia	
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION Mo. Baptist Hosp.		Length of stay in 1b		d. STREET ADDRESS 210 E. Hardin	
3. NAME OF DECEASED (Type or print) First MIDDLE Last GEORGE H. LOW			4. DATE OF DEATH Month Day Year 9-4-56		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-12-1885	9. AGE (In years - last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) coal miner, retired		10b. KIND OF BUSINESS OR INDUSTRY Coal		11. BIRTHPLACE (City and state or country) Breeze, Illinois	
13. FATHER'S NAME Henry M. Low			12. CITIZEN OF WHAT COUNTRY? USA		
14. MOTHER'S MAIDEN NAME Madfeling Etzel		17. INFORMANT Address Lon Low, Centralia, Ill.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown		17. INFORMANT Address Lon Low, Centralia, Ill.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Uremia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Chronic glomerulonephritis</i> DUE TO (c) <i>Arteriosclerotic heart disease & decompensation</i>					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.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. 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 <i>aug 22, 1956</i> to <i>Sept 4, 1956</i> and last saw her/him alive on <i>Sept 3, 1956</i> . Death occurred at <i>9:15 P.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Joseph E. Carney MD</i>			22b. ADDRESS <i>906 Olive</i>		22c. DATE SIGNED <i>9-4-56</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>9-5-56</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Centralia, Ill.</i>	
23d. LOCATION (City, town, or county) (State)		24. FUNERAL DIRECTOR ADDRESS <i>Queen-Boggs, Centralia, Ill.</i>			
25. DATE RECD. BY LOCAL REG. <i>SEP 5 1956</i>		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>			

S. P.

REC. TO DEPT

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..... *VE Morris*

Licensed Embalmer No. *33*

P. O. Address..... *H. Lewis*

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