

FILED OCT 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32916

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 194

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Nevada, Mo.</u>		c. LENGTH OF STAY (in this place) <u>60 yrs.</u>	
c. CITY OR TOWN <u>Nevada</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1017 West Atlantic St.</u>		e. STREET ADDRESS (If rural, give location) <u>1017 West Atlantic St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Murielle</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Lowin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-29-56</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept. 3-1896</u>
9. AGE (In years last birthday) <u>60</u> 0 <u>26</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Corning, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frank Humbert</u>		13b. MOTHER'S MAIDEN NAME <u>Sophronia Powell</u>	
14. NAME OF HUSBAND OR WIFE <u>Leslie E. Lowin</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> <u>none</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leslie E. Lowin</u>	
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.		19. ADDRESS <u>Nevada, Mo</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs.</u>	
ANTECEDENT CAUSES DUE TO (b) <u>Unknown</u>			
DUE TO (c) <u>Unknown</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION		<u>4:201</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		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"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept. 28</u> , 1956, to <u>Sept. 29</u> , 1956, that I last saw the deceased alive on <u>Sept. 29</u> , 1956, and that death occurred at <u>6:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. B. Wray, M.D.</u>		23b. ADDRESS <u>Moore Bldg., Nevada, Mo.</u>	
23c. DATE SIGNED <u>10-3-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 3-1956</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Newton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Nevada Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-5-56</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Anna E. Ferris</u>	
REGISTRAR'S SIGNATURE <u>Anna E. Ferris</u>		ADDRESS <u>Hays Funeral Service, Inc., Nevada, Missouri</u>	

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

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 *H. H. Marmaduke*.....

Licensed Embalmer No. *207*.....

P. O. Address *Prwada*.....

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.