

FILED SEP 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28713**

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 149

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Macon</u>		c. CITY OR TOWN <u>Macon</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>220 Butler</u>		e. STREET ADDRESS (If rural, give location) <u>220 Butler</u> <u>06110</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) _____ c. (Last) <u>Lowery</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 28, 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan. 15, 1888</u>
9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired barber</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Macon County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>John Lowery</u>	13b. MOTHER'S MAIDEN NAME <u>Sophie Meyer</u>	14. NAME OF HUSBAND OR WIFE <u>Eli abeth Karbens</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW #1</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Elizabeth Lowery, Macon, Mo.</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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Atherosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Hypertension & Atherosclerosis</u>		<u>Heart disease</u>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>		20. AUTOPSY? <u>2</u> 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) <u>4200</u>
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 Aug 23, 1957 to Aug 28, 1957 that I last saw the deceased alive Aug 28, 1957 and that death occurred at 12:30 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James E. Campbell MD</u>	23b. ADDRESS <u>Macon Mo.</u>	23c. DATE SIGNED <u>8/31/57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 31, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's</u>
24d. LOCATION (City, town, or county) (State) <u>Macon Mo.</u>	25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. G. ... Macon, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9/9/57</u>	REGISTRAR'S SIGNATURE <u>Walter McNeely</u>	

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

SEP 13 1957

County

Date Filed 9.11.57
4.57.156

SEP 8 1957
JAN 8 1958

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 *R. Lester Brun*

Licensed Embalmer No. 447

P. O. Address *Macon*

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.