.S. No. 300
ev. 10.48

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

FILED NOV 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36740

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 5823 Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY: New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-New Madrid Twp
c. LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: New Madrid
c. CITY OR TOWN: New Madrid
d. Is Residence within limits of a city or incorporated town? Yes U No
e. STREET ADDRESS (If rural, give location): 7 miles N. W. of New Madrid

3. NAME OF DECEASED (Type or Print)
a. (First): Katie
b. (Middle): Rosetta
c. (Last): Lowe

4. DATE OF DEATH (Month) (Day) (Year): Oct 2 1957

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 13, 1915
9. AGE (In years last birthday): 41 — If under 1 year: Months 9, Days 19 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Advance Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S.
13a. FATHER'S NAME: Oscar Looney
13b. MOTHER'S MAIDEN NAME: Cardelia Jeffery
14. NAME OF HUSBAND OR WIFE: Everette Lowe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Ada Sullenger
ADDRESS: Marston, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Intra cranial Tumor — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Metastatic Carcinoma

DUE TO (c) Uterine Carcinoma

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 174X
20. AUTOPSY? YES ☐ NO ☐

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June, 1957, *to* Oct. 2, 1957, *that I last saw the deceased alive on* 1 Oct, 1957, *and that death occurred at* 12:A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Louis J. Smith (Degree or title) MD
23b. ADDRESS New Madrid Missouri
23c. DATE SIGNED 10 Oct 57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 3, 1957
24c. NAME OF CEMETERY OR CREMATORY: Sumache Cemetery
24d. LOCATION (City, town, or county) (State): Clarkton Missouri

DATE REC'D BY LOCAL REG.: 11 Oct 57
REGISTRAR'S SIGNATURE: Fay Hedgpeth
25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**: Ponder Funeral Home-Lilbourn, Mo.

(Licensed Embalmer's Statement on Reverse Side)

512

DATE RECEIVED OCT 23 1957
NEW MADRID CO. HEALTH CENTER
P. J. S.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harold H. Ponder

Licensed Embalmer No. 50 30

P. O. Address Lillwaur, Mo

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