

FILED NOV 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39685

STATE FILE NUMBER

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 367

| | | | | | | | |
|--|------------------------|---|--|---|---|---|----------------------------|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY COLE | | b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN JEFFERSON CITY, MO. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | a. STATE MISSOURI | | b. COUNTY COLE | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL | | | Length of stay in 1b | c. CITY OR TOWN JEFFERSON CITY 026 1/8 | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| | | | | d. STREET ADDRESS 700a E High | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) ADELINE | | | First | Middle | Last | 4. DATE OF DEATH NOV. 14, 1957 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH June 30, 1881 | | 9. AGE (In years last birthday) 76 | IF UNDER 1 YEAR Month 4 Day 14 | IF UNDER 24 HRS. Hour 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 country) Cole County, Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME Frank Lowe | | | | 14. MOTHER'S MAIDEN NAME Martha Hickman | | | |
| 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. None | | 17. INFORMANT E C Jackson St. Louis, Mo. Address | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) - Broncho pneumonia, bilateral Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Thrombosis left middle cerebral artery with right hemiparesis DUE TO (c) | | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 wk 29 days. | |
| 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"/> 332X | |
| 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 1/11/54 to 11/14/57 and last saw her ^{alive} on 11/14/57 | | | Death occurred at 10:30 A. M. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | |
| 22a. SIGNATURE John D. Towhara M.D. (Degree or title) | | | | 22b. ADDRESS 302 Bolivar, Jefferson City | | 22c. DATE SIGNED 11/15/57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 11/17/57 | 23c. NAME OF CEMETERY OR CREMATORY Riverview | | 23d. LOCATION (City, town, or county) Jefferson City, Mo. (State) | | |
| 24. FUNERAL DIRECTOR Sylvester Rulle J C Mo. ADDRESS | | | 25. DATE RECD. BY LOCAL REG. 19 (November) 1957 | | 26. REGISTRAR'S SIGNATURE R. P. D. Norris, M.D. JR. | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

S. 300
v. 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.

(Licensed Embalmer's Statement on Reverse Side)

DEC 5 1957

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.....
Sylvester Dulle

Licensed Embalmer No. 432

P. O. Address *Jefferson*

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.