THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-021258
STATE FILE NUMBER

FILED JUL 7 1958 Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 731

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): No. Kansas City, Mo. — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 2128 Clay St. — Length of stay in 1b: 15 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Clay
c. CITY OR TOWN: North Kansas City 6001 0 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2128 Clay St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: ERMA Middle: E. Last: LOWRIE
4. DATE OF DEATH: Month: June Day: 26 Year: 1958
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: Dec. 18, 1911
9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Emp. Katz Drug Co. Clerk
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Kentucky
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME: Frank Chandler
13b. MOTHER'S MAIDEN NAME: Elsie Bushart
14. NAME OF HUSBAND OR WIFE: David L. Lowrie (Deceased)
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.: 496-09-8306
17. INFORMANT: Mrs. Thelma Seckington — Address: 3830 N. Wayne

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Overdose of Barbiturates (Nembutal) — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 9702H
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Leukemia
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [X] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: C. V. Pate M.D. (Degree or title) Coroner
22b. ADDRESS: North Kansas City, Mo.
22c. DATE SIGNED: 6/27/58
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-28-1958
23c. NAME OF CEMETERY OR CREMATORY: Brown Cemetery
23d. LOCATION (City, town, or county) (State): Gallatin, Mo.
24. FUNERAL DIRECTOR ADDRESS: D.W. Newcomer's Sons-North K. City, Mo.
25. DATE RECD. BY LOCAL REG.: 6-28-58
26. REGISTRAR'S SIGNATURE: Marguerite Hudgens
(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

RECEIVED
JUN 30 195
CLAY CO
HEALTH CE

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 Glenn H. Hill

Licensed Embalmer No. 4586

P. O. Address K.C. Mo.

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.