

No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024940
State File No.

FILED AUG 1 1958

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PLATTE	
b. CITY (If outside corporate limits, write RURAL and give township) SMITHVILLE		c. LENGTH OF STAY (In this place) 1 DAY	c. CITY OR TOWN PLATTE CITY 0830
d. FULL NAME OF HOSPITAL OR INSTITUTION SMITHVILLE COMMUNITY HOSP		e. STREET ADDRESS (If rural, give location) MAY TOWNSHIP	

3. NAME OF DECEASED (Type or Print)	a. (First) RALPH	b. (Middle) KIMBRO	c. (Last) LOWMILLER	4. DATE OF DEATH (Month) (Day) (Year) JULY 19, 1958
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APR. 24, 1899	9. AGE (In years last birthday) 59	If UNDER 1 YEAR Months 2	If UNDER 2 HRS. Days 25	Hours 	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) PLATTE CITY, MO. R.F.D.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME JESSE LOWMILLER	13b. MOTHER'S MAIDEN NAME LENORA J. KIMBRO	14. NAME OF HUSBAND OR WIFE AMERICA BROWN LOWMILLER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 490-42-1624	17. INFORMANT'S SIGNATURE OR NAME MRS. R.K. LOWMILLER	ADDRESS PLATTE CITY, MO. R.F.D.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		2 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease		3 yrs
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Previous Coronary		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 4200 / YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Sept 1955, to July 19, 1958, that I last saw the deceased alive on July 19, 1958 and that death occurred at 5:55 pm., from the causes and on the date stated above.

23a. SIGNATURE David R. Plummer M.D.	(Degree or title)	23b. ADDRESS Smithville, Mo	23c. DATE SIGNED 7-20-58
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-22-58	24c. NAME OF CEMETERY OR CREMATORY Second Creek Cem.	24d. LOCATION (City, town, or county) (State) Platte County, Missouri
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DATE REC'D BY LOCAL REG 7-21-58	REGISTRAR'S SIGNATURE Marquerita Audgens	25. FUNERAL DIRECTOR'S SIGNATURE MCCOMAS FUNERAL HOME,	ADDRESS SMITHVILLE, MO.
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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 *Donald W Hanks*

Licensed Embalmer No. *4528*

P. O. Address *Smithville, 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.