

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029805
STATE FILE NUMBER

FILED AUG 18 1958

Registration District No. 201 Primary Registration District No. 3048 Registrar's No. 181

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Taylor</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Maryville</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Bedford Ia.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (HOSPITAL or INSTITUTE) <u>St. Francis</u>		Length of stay in lb <u>1 wk</u>	8. STREET ADDRESS (If outside, give location) <u>Main St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>DORA</u> Middle <u>Louise</u> Last <u>LOWRY</u>			4. DATE OF DEATH Month <u>Aug</u> Day <u>5</u> Year <u>1958</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 8-1919</u>	9. AGE (In year, last birthday) <u>39</u> IF UNDER 1 YEAR: Months <u>5</u> Days <u>15</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Iowa</u>	
10c. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Chas. Coats</u>		13b. MOTHER'S MAIDEN NAME <u>Della Peterson</u>	
13c. NAME OF HUSBAND OR WIFE <u>Don Lowry</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>484-12-6470</u>	
17. INFORMANT <u>Don Lowry</u>		Address <u>Iowa Bedford</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Metastatic carcinoma of abdomen origin unknown</u> Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) <u>1992</u> DUE TO (c) <u>1992</u>					INTERVAL BETWEEN ONSET AND DEATH <u>June 1957</u>
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 <u>a.m.</u> Month, Day, Year <u>p.m.</u>			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 <u>7-21-58</u> to <u>8-3-58</u> and last saw her alive on <u>8-3-58</u> Death occurred at <u>1700 Wisconsin Tp</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>H. C. Bauman M.D.</u>			22b. ADDRESS <u>1218 Main Maryville</u>		22c. DATE SIGNED <u>8/8/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8-5-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Bedford Iowa</u>
24. FUNERAL DIRECTOR <u>Frank Althoff</u>		ADDRESS <u>Bedford</u>		25. DATE RECD. BY LOCAL REG. <u>8-11-58</u>	26. REGISTRAR'S SIGNATURE <u>Bess Bolt</u>

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 

Licensed Embalmer No. 4572
P. O. Address Bedford Iowa

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.