

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033386

STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 92

FILED SEP 17 1958

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mt. Vernon</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Marshfield</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. State Sanatorium</u> Length of stay in lb <u>338 days</u>		d. STREET ADDRESS (If outside, give location) <u>Route 3</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Darl</u> Middle <u>Dean</u> Last <u>Lowe</u>			4. DATE OF DEATH Month <u>Aug.</u> Day <u>31</u> Year <u>1958</u>
5. SEX <u>Male</u> <input type="radio"/>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 23, 1937</u>
9. AGE (In years last birthday) <u>21</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Aeronautical Mechanic</u>	11. BIRTHPLACE (City and state or country) <u>Marshfield, Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Aeronautical Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>McDonnell Aircraft</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Herbert Homer Lowe</u>		13b. MOTHER'S MAIDEN NAME <u>Bessie Lena Manar</u>	14. NAME OF HUSBAND OR WIFE <u>Shirley Ann Lowe</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-40-7906</u>	17. INFORMANT Address <u>San. records, Mo. State San., Mt. Vernon, Mo.</u>
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>Embolism, main pulmonary artery</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Right upper lobectomy</u> DUE TO (c) <u>Chronic far advanced pulmonary tuberculosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>few min.</u> <u>11 days</u> <u>18 mo.</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.) <u>002X</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
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>Sept. 27, 1957</u> to <u>Aug. 31, 1958</u> and last saw ^{him} <u>live on 8-31-58</u> Death occurred at <u>4:30 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>J. Lewis Yates, M.D.</u>		22b. ADDRESS <u>Mt. Vernon, Mo.</u>	22c. DATE SIGNED <u>8-2-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>8-31-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LIBERTY</u>	23d. LOCATION (City, town, or county) (State) <u>Marshfield, Mo. WEBSTER Co Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>BARBER-EDWARDS MARSHFIELD</u>		25. DATE RECD. BY LOCAL REG. <u>9-2-58</u>	26. REGISTRAR'S SIGNATURE <u>Cecil Handuck</u>

5. 300
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAY 26 1964

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 *Rowland*

Licensed Embalmer No. *384*

P. O. Address *Mt. Grove*

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.