

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038912

State File No.

BIRTH NO. FILED DEC 1 1958 REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5118 Registrar's No. 521

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Missouri Twp		c. LENGTH OF STAY (in this place) 3 mo.	c. CITY OR TOWN Rocheport, 0100
d. FULL NAME OF HOSPITAL OR INSTITUTION Southwest 10 miles		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS Southwest 10 miles		(If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Virginia b. (Middle) Ellen c. (Last) Lowe			4. DATE OF DEATH (Month) (Day) (Year) Nov. 21 1958		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 9, 1903	9. AGE (In years last birthday) 55	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) Hotel employee		10b. KIND OF BUSINESS OR INDUSTRY Maid	11. BIRTHPLACE (City and State or Foreign Country) Boone County, Mo. U		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Thomas Morgan		13b. MOTHER'S MAIDEN NAME Mary McBaine		14. NAME OF HUSBAND OR WIFE A. B. Lowe	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 490-07-3681		17. INFORMANT'S SIGNATURE OR NAME - ADDRESS James Coleman, Columbia, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) anemia and pneumonia		ANTECEDENT CAUSES			1 wk
*This does not mean the mode of dying, such as heart failure, arteria, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) metastatic carcinoma			6 mos
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (c) Ca lung left			1 year
Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION 6-30-58		19b. MAJOR FINDINGS OF OPERATION Ca metastatic		20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) 163X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 26 June, 1954, to 21 Nov, 1958, that I last saw the deceased alive on 14 Nov, 1958, and that death occurred at 1:30 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Eugene Wondolitz M.D.		23b. ADDRESS 401 S. HUNTER BROOK COLUMBIA MO		23c. DATE SIGNED 22 Nov 58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-23-58		24c. NAME OF CEMETERY OR CREMATORY Nebo Cemetery	
				24d. LOCATION (City, town, or county) (State) Huntsdale, Mo.	

DATE REC'D BY LOCAL REG. Nov. 23 1958		REGISTRAR'S SIGNATURE Mrs R.E. Palmer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lyman Sprinkle, Columbia, 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, ~~NEW~~, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *George S. [Signature]*

Licensed Embalmer No. *420*

P. O. Address *Columbia*

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.