

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043795  
STATE FILE NUMBER

FILED JAN 5 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1246

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Springfield</u> <sup>0396</sup> <sub>0</sub>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1137 Cherry</u>		Length of stay in lb <u>2 months</u>	d. STREET ADDRESS (If outside, give location) <u>1137 Cherry</u>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>Orel</u> Middle <u>Jildon</u> Last <u>Lowe</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>26</u> Year <u>1958</u>		
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5. SEX <u>Male</u> <sup>C1</sup>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 4, 1877</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cab Co. Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Cab Co.</u>	11. BIRTHPLACE (City and state or country) <u>near Independence, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Lewis S. Lowe</u>	13b. MOTHER'S MAIDEN NAME <u>Ann Compton</u>	14. NAME OF HUSBAND OR WIFE <u>Martha Lowe (Dec.)</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <u>no</u> or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT (Sister) <u>Mrs. Izza B. Rosier</u>	Address <u>Springfield, Mo.</u>
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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>Institution</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Malignant Lymphoma</u>	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>2002</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</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>2002</u>
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20c. TIME OF INJURY Hour <u>a.m.</u> Month, Day, Year <u>p.m.</u>	20d. INJURY OCCURRED WHILE AT <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 <u>Springfield</u>	COUNTY <u>Mo</u>	STATE
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21. I attended the deceased from <u>Oct 27-1958</u> death and last saw <sup>her</sup> him alive on <u>Dec 25, 1958</u> Death occurred at <u>10:45 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>T.E. Ferrell M.D.</u> (Degree or title)	22b. ADDRESS <u>Springfield Mo</u>	22c. DATE SIGNED <u>12-27-58</u>
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23a. BURIAL, CREMATION, or other disposition (Specify) <u>Reburied</u>	23b. DATE <u>12-28-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Michigan City, Indiana</u>	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR <u>Rex Rainey</u>	ADDRESS <u>Springfield, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12-29-58</u>	26. REGISTRAR'S SIGNATURE <u>Effie G. Melton</u>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

FEB 17 1959

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. 2312  
P. O. Address Springfield, 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.