

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045981

STATE FILE NUMBER

FILED JAN 14 1959

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12705

300 0
1-57

All diseases in Part I must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Length of stay in lb 11 yrs. & 209	d. STREET ADDRESS (If outside, give location) 2612a Howard		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First GUSSIE Middle NMN Last LOWE			4. DATE OF DEATH Month 12 Day 30 Year 1958		
5. SEX Female ³	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 25-1908	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Okalona, Miss. 1		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Gus Pierce		13b. MOTHER'S MAIDEN NAME Ophelia Crawford		14. NAME OF HUSBAND OR WIFE Frank Lowe	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. ????	17. INFORMANT Address Ophelia Lowe 3930 Ashland		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HYPERTENSIVE CARDIOVASCULAR DISEASE					INTERVAL BETWEEN ONSET AND DEATH 5-6 YEARS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					443x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) DIABETES MELLITUS					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 _____ Month, Day, Year _____ a.m. _____ p.m. _____					
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 APRIL 27, 1958 to DEC. 2, 1958 and last saw her alive on DEC. 2, 1958 Death occurred at 12 M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>C. Vermillion, M.D.</i> M. D.		22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 12/30/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1/2/1959	23c. NAME OF CEMETERY OR CREMATORY Amory, Mississippi		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR ADDRESS Charles J. Gates 4107 Finney		25. DATE RECD. BY LOCAL REG. DEC 31 '58	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>		

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 *Gupton Swan*

Licensed Embalmer No.....4580.....

P. O. Address...4107...Finney....

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.