

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-002241  
STATE FILE NUMBER

JAN 12 1959 Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 2

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Neosho</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Ritchey</b> <b>0730</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Sales Memorial</b>		Length of stay in 1b <b>12 days</b>	d. STREET ADDRESS (If outside, give location) <b>None</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last <b>Johnny Richard Lowe</b>			4. DATE OF DEATH Month Day Year <b>Jan. 2, 1959</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 8, 1941</b>	9. AGE (In years 1 day birth day) <b>17</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>High School</b>	11. BIRTHPLACE (City and state or country) <b>Granby, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>R. H. Lowe</b>	13b. MOTHER'S MAIDEN NAME <b>Goldie Anderson</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mr. R. H. Lowe</b>	Address <b>Ritchey, Missouri</b>
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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) <b>ACUTE BRAIN INJURY</b>		INTERVAL BETWEEN ONSET AND DEATH <b>12 DAYS</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) <b>THROWN FROM OVERTURNING CAR</b>
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20c. TIME OF INJURY <b>8:30 p.m.</b>	Hour Month, Day, Year <b>12-22-58</b>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>COUNTY ROAD</b>	20f. CITY, TOWN, OR LOCATION <b>NEWTON MO</b>
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21. I attended the deceased from <b>22 DEC 58</b> to <b>2 JAN 59</b> and last saw him alive on <b>2 JAN 1959</b> Death occurred at <b>5 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <b>[Signature]</b>	(Degree or title) <b>MD</b>	22b. ADDRESS <b>Neosho MO</b>	22c. DATE SIGNED <b>7 Jan 59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1-5-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Granby Memorial</b>	23d. LOCATION (City, town, or county) <b>Granby, Missouri</b>
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24. FUNERAL DIRECTOR <b>Floyd E. Shewmake Jr.</b>	ADDRESS <b>Granby, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Jan. 7, 1959</b>	26. REGISTRAR'S SIGNATURE <b>Melvin C. Bauman M.D.</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

LIBRARY OF THE STATE OF MISSISSIPPI

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 *Floyd E. Sheumaker d.*

Licensed Embalmer No. *4927*  
P. O. Address *Box 55 Granby, 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.