

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-002627

FILED VS JAN 28 1960

STATE FILE NUMBER

Registration District No. 239 Primary Registration District No. 5825 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Risco</u>		Length of stay in 1b <u>46 yrs</u>	c. CITY OR TOWN <u>Risco</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>In Risco</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u></u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Garnesh</u> Last <u>Lowe</u>			4. DATE OF DEATH Month <u>1</u> Day <u>11</u> Year <u>1960</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>June 4, 1888</u>	9. AGE (last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>7</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School bus driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and state or country) <u>Marion, Ky.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Emery J. Lowe</u>		13b. MOTHER'S MAIDEN NAME <u>Angela Wofford</u>		14. NAME OF HUSBAND OR WIFE <u>Myrtle 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>497-24-2524</u>		17. INFORMANT <u>Leland Lowe, Moulton, Mo</u> Address <u></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>Carcinoma of Liver</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>with metastasis to alimentary</u>	
	DUE TO (c) <u>tracts and lungs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>		
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.)	20f. CITY, TOWN, OR LOCATION COUNTY <u></u> STATE <u></u>

21. I attended the deceased from Nov 1959 to Jan. 11/60 and last saw him alive on Jan 6, 1960
Death occurred at 4:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Dr. Seok Hunter, M.D.</u> (Degree or Title)	22b. ADDRESS <u>Farma</u>	22c. DATE SIGNED <u>1/12/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>1-13-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Malden Cem.</u>
24. FUNERAL DIRECTOR <u>Lloyd Russell Suggatt</u>	25. DATE RECD. BY LOCAL REG. <u>1/12/60</u>	26. REGISTRAR'S SIGNATURE <u>Dr. Seok Hunter, M.D.</u>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Lloyd Russell

Licensed Embalmer No. 509-6

P. O. Address 2990th St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.