

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-015479

FILED VS MAY 5 1960

149

Registration District No. 1002

Primary Registration District No. 2123

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 50 yrs.		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSP.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3517 MAIN ST.			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Estella E Lowary				4. DATE OF DEATH Month Day Year 4 15 '60			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH DEC 22, 1878	9. AGE (last birthday) 81 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OPERATOR ROOMING HOUSE.			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) BERLIN MISSOURI	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME EDWIN A. LOWARY			13b. MOTHER'S MAIDEN NAME ELIZA HARDWICK		14. NAME OF HUSBAND OR WIFE NONE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT ELIZABETH STRICKLER 7303 HARRISON			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of breast with metastases</i>						INTERVAL BETWEEN ONSET AND DEATH <i>6 years</i>	
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)						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 a.m. p.m.	Month, Day, Year						
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 <i>Dec. 10, 1956</i> to <i>April 14, 1960</i> and last saw her <i>April 14, 1960</i> alive on <i>April 14, 1960</i> . Death occurred at <i>1:30</i> <i>A.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Arthur B. Smith</i>				22b. ADDRESS <i>830 Ogyle Bldg., N. P. 6, Mo 4/15/60</i>		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE APRIL 17, 1960	23c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEM		23d. LOCATION (City, town, or county) PATTONSBURG MISSOURI		23e. (State)	
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS K. C. MO.				25. DATE RECD. BY LOCAL REG. 4-15-60		26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF: Arthur B. Smith

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 Albert H. Savage

Licensed Embalmer No. 4812

P. O. Address Kansas City

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.