

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-016543

FILED VS. MAY 3 1960

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. - Registrar's No. 163

DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Farmington - Rural		Length of stay in 1b 7 days		c. CITY OR TOWN Farmington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Thomas Dell Memorial Home			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 111 E. Liberty			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EDGARETTA Middle LOWERY Last LOWERY				4. DATE OF DEATH Month April Day 25 Year 1960				
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4-3-1869	9. AGE (last birthday) 91	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home			10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and state or country) St. Charles Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William C. Lockett			13b. MOTHER'S MAIDEN NAME Anna E. McDonald			14. NAME OF HUSBAND OR WIFE John Talley Lowery		
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. no		17. INFORMANT Address Dorthy Sanders, 111 E. Liberty Farmington, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion							INTERVAL BETWEEN ONSET AND DEATH 3 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis							years	
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 checked="" 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.								
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 1955 to 4/25/60 and last saw her ^{him} alive on 4/25/60 Death occurred at 1.15 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Paul J. [Signature]</i> (Deceased or wife)				22b. ADDRESS Farmington Mo		22c. DATE SIGNED 4/26/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 4-27-60	23c. NAME OF CEMETERY OR CREMATORY Methodist Cemetery		23d. LOCATION (City, town, or county) Caledonia Mo.				
24. FUNERAL DIRECTOR White Funeral Home, Ironton Mo. <i>Arvid White</i>			ADDRESS	25. DATE RECD. BY LOCAL REG. April 26, 1960	26. REGISTRAR'S SIGNATURE <i>Ethel Reddloff</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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Annelj White

Licensed Embalmer No. 3012

P. O. Address Greenville, N.C.

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.