

FEDERAL BUREAU OF INVESTIGATION - U.S. DEPARTMENT OF JUSTICE
JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027915

FILED VS JUL 18 1960

290

96

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Crocker, Missouri		Length of stay in 1b life.	c. CITY OR TOWN Crocker, Mo Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Crocker, Mo		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) None. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First David. Middle James Last Lowe.			4. DATE OF DEATH Month July Day 2, Year 1960
5. SEX Male	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 3/22/60
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (last birthday) IF UNDER 1 YEAR Months 3 Days 9 Hours Min.
11. BIRTHPLACE (City and state or country) Waynesville, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Andrew Lowe Jr.		13b. MOTHER'S MAIDEN NAME Lelah Yvonne Heade.	
14. NAME OF HUSBAND OR WIFE -----		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. -----		17. INFORMANT Address Andrew Lowe Jr. Crocker, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PRIMARY BRONCHIAL PNEUMONIA DUE TO (b) VIRAL GASTROENTERITIS DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 1 day 4 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <input checked="" type="checkbox"/>			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 July 2, 1960		
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.) Birth	20f. CITY, TOWN, OR LOCATION Crocker, Missouri	COUNTY STATE
21. I attended the deceased from Birth 8:15 to July 2, 1960 and last saw ^{her} him July 1, 1960 alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE John A. Winkalovich (Degree or title) D.O.		21b. ADDRESS Crocker, Missouri	21c. DATE SIGNED 7-4-60
21d. BURIAL, CREMATION, REMOVAL (Specify) Burial	21e. DATE 7/4/60	21f. NAME OF CEMETERY OR CREMATORY Crocker Memorial Cemetery	21g. LOCATION (City, town, or county) Crocker, Missouri
21h. FUNERAL DIRECTOR B. Hedges	ADDRESS Hedges Funeral Home Crocker, Mo	21i. DATE RECD. BY LOCAL REG. 7-4-60	21j. REGISTRAR'S SIGNATURE Paul Anderson

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

Clarence Throck

Licensed Embalmer No.

4896

P. O. Address

Waynesville

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