MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-017930
STATE FILE NUMBER

AMENDED

Registration District No. 150 Primary Registration District No. 5573 Registrar's No. 40

FILED MAY 29 1961

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SNI A BAR — Length of stay in 1b: 63 yr
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RR #1 — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
a. STATE MO b. COUNTY JACKSON
c. CITY OR TOWN BLUE SPRINGS — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) RR #1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First RICHARD Middle FRANKLIN Last LOWE
4. DATE OF DEATH: Month 5 Day 18 Year 61
5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-14-1897
9. AGE (last birthday): 63
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): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: SELF
11. BIRTHPLACE (City and state or country): BLUE SPRINGS MO.
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: LEWIS LOWE
13b. MOTHER'S MAIDEN NAME: LOUISA STEWART
14. NAME OF HUSBAND OR WIFE: MABEL LOWE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Mabel Lowe Address: Blue Springs

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac Arrest
DUE TO (b) Myocardial Infarction
DUE TO (c) Coronary Occlusion, Senility, Arteriosclerosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 May 16 to May 18 and last saw him alive on May 18, 1961
Death occurred at 11:45 PM 5-18-61 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James H. Via (Degree or title) DO
22b. ADDRESS Blue Springs, MO
22c. DATE SIGNED 5-19-61

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 5-21-61
23c. NAME OF CEMETERY OR CREMATORY: BLUE SPRINGS
23d. LOCATION (City, town, or county) (State): Blue Springs MO

24. FUNERAL DIRECTOR: Mayfield ADDRESS: Blue Springs
25. DATE REC'D. BY LOCAL REG.: 5/21/61
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

MAY 29 1961

AUG 8 1962

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 Charles E Mayfield

Licensed Embalmer No. 4638

P. O. Address Blue Springs

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.