

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035286

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 169 Primary Registration District No. _____ Registrar's No. 33

FILED SEP 24 1962

VS 300	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	Rev. 4/59
10520		DATE AMENDED
20520		INSTEAD OF
3		DOCUMENT
4 1		MEDICAL CERTIFICATION
5 1		BY AFFIDAVIT OF
6		SHOULD READ
7 0		ITEM NO.
8 0		SHOULD BE
9 350X		BY AFFIDAVIT OF
10		SHOULD BE
11		BY AFFIDAVIT OF
12 90-2		SHOULD BE
13 1-0	BY AFFIDAVIT OF	

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Knox	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 8 mi northwest-Edina		Length of stay in 1b life	c. CITY OR TOWN 8 mi NW of Edina Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MAGGIE Middle BEA Last LOWE			4. DATE OF DEATH Month Sept Day 13 Year 1962
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11 Dec 1896
9. AGE (last birthday) 65		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) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Knox County
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Abraham Miller	
13b. MOTHER'S MAIDEN NAME Rettie Lingenfelter		14. NAME OF HUSBAND OR WIFE E. M. Lowe	
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. [REDACTED]	17. INFORMANT E. M. Lowe Address Hurdland, Mo
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Paralysis agitans DUE TO (b) _____ Conditions, if any, which gave rise to above cause (e), stating the underlying cause last. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) Anemia			INTERVAL BETWEEN ONSET AND DEATH 2 yrs - 3
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ s.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 1961 to 9-13-62 and last saw her alive on 9-13-62 Death occurred at 8 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. Phillips D.O. (Degree or title)		22b. ADDRESS Edina, Mo.	22c. DATE SIGNED 9-14-62
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 15 Sept 1962	23c. NAME OF CEMETERY OR CREMATORY Brashear Cemetery	23d. LOCATION (City, town, or county) (State) Brashear, Missouri
24. FUNERAL DIRECTOR HUDSON-RIMER FUNERAL HOME ADDRESS Edina, Mo		25. DATE RECD. BY LOCAL REG. Sept-16-62	26. REGISTRAR'S SIGNATURE [Signature]

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 Jerry L. Davin, Student Embalmer No. 666
working under my personal supervision.

Student Jerry L. Davin
Signature of Student Embalmer

Signed A. H. Rimmer

Licensed Embalmer No. 5041

P. O. Address Edina

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.