

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002556

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 210 Primary Registration District No. _____ Registrar's No. 9

FILED JAN 14 1963

VS 300
Rev. 4/59

06.50
26.50

3

4 0

5 0

6

7 0

8 0

94201

10

11

1290-0

131-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mercer	
b. CITY (If outside corporate limits, give TOWNSHIP only) Princeton,		c. CITY OR TOWN Princeton	
Length of stay in 1b) Life		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) FRANK W. LOWRY		4. DATE OF DEATH Jan 6, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/17/1883
9. AGE (last birthday) 79		IF UNDER 1 YEAR Months 4 Days 19 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumber dealer		10b. KIND OF BUSINESS OR INDUSTRY Lumber yard,	
11. BIRTHPLACE (City and state or country) Mercer County		12. CITIZEN OF WHAT COUNTRY US	
13a. FATHER'S NAME Levi S. Lowry		13b. MOTHER'S MAIDEN NAME Julia Frances Bryant	
14. NAME OF HUSBAND OR WIFE Mrs. Chloë Lowry		Address Mrs. Chloë Lowry, Princeton, Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) NO		16. SOCIAL SECURITY NO. 3	
17. INFORMANT Mrs. Chloë Lowry, Princeton, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial		INTERVAL BETWEEN ONSET AND DEATH 45 min	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____		DUE TO (c) Chronic Coronary arteriosclerosis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Left hemiplegia due to cerebral hemorrhage 7 yrs. ago.		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 September 9, 1954 to January 6, 1963 and last saw him alive on January 6, 1963 Death occurred at 8:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Frank H. Zuber MD</i>		22b. ADDRESS <i>Princeton, Mo</i>	
22c. DATE SIGNED <i>1-11-63</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/10/1963	
23c. NAME OF CEMETERY OR CREMATORY Princeton,		23d. LOCATION (City, town, or county) (State) Princeton, Mo.	
24. FUNERAL DIRECTOR Martin & Azbell Funeral Home		25. DATE RECD. BY LOCAL REG. 1-11-63	
ADDRESS Princeton, Mo.		26. REGISTRAR'S SIGNATURE <i>Paul Hunt</i>	

USE BLACK INK OR TYPEWRITER RIBBON

JAN 17 1963

JAN 23 1964

JUL 11 1963

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 Erman Agbell

Licensed Embalmer No. 5070

P. O. Address Pinebluffs, Mo

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.

None of the above