

FILED JUN 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15583

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 494-B

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give town) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Springfield	
c. LENGTH OF STAY (in this place) 63 yrs.		d. STREET ADDRESS (If rural, give location) 11450 N. NATIONAL 6	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1850 N. NATIONAL 1			

3. NAME OF DECEASED (Type or Print) a. (First) Lennie		b. (Middle) _____		c. (Last) Stowe		4. DATE OF DEATH (Month) (Day) (Year) June 2, 1949	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb 22, 1886	
9. AGE (in years last birthday) 63		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) Greene county, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME LAWSON Rice		13b. MOTHER'S MAIDEN NAME MINTA Johnson		14. NAME OF HUSBAND OR WIFE AUSTIN Stowe (dec.)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME JAKE Stowe ADDRESS ROGERSVILLE, MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer-Pulmonary		INTERVAL BETWEEN ONSET AND DEATH Don't know	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause* (a) stating the underlying cause last. DUE TO (b) Metastized from cancer breast which was removed few years ago.			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

2. I hereby certify that I attended the deceased from May 7, 1949 to 6, 2, 1949, that I last saw the deceased alive on 6, 2, 1949, and that death occurred at 4:30 P.M. from the causes and on the date stated above.

22. SIGNATURE (Degree or title) L. M. M. M. M. M.		23b. ADDRESS Springfield, Missouri		23c. DATE SIGNED 6, 4, 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-5-49		24c. NAME OF CEMETERY OR CREMATORY Palmetto Cemetery near Rogersville, Mo.	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE Anna Johnson		ADDRESS Springfield, Mo.	
DATE REC'D BY LOCAL REG. 6/10/49		REGISTRAR'S SIGNATURE W. S. Handley			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.

Signed _____
Student Embalmer

Signed *Jewell E. Kniddle*

Licensed Embalmer No. *2831*

P. O. Address *Springfield*

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 this body is not embalmed, fact should be so stated above.