

FILED JUN 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16182  
Registrar's No. 493

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Webster</u>	
b. CITY OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elkland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Baptist Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Elkland</u>	
3. NAME OF DECEASED (Type or Print) <u>LOWELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 1, 1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>May 11, 1910</u>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farm</u>		9. AGE (In years last birthday) <u>41</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Davis Gann</u>	
13b. MOTHER'S MAIDEN NAME <u>Elfie Pettigrew</u>		14. NAME OF HUSBAND OR WIFE <u>Helen Gann</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Helen Gann</u>		ADDRESS <u>Elkland, Mo.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute pericarditis</u> ANTECEDENT CAUSES DUE TO (b) <u>or associated with an acute (longstanding) glomerulo-nephritis</u> DUE TO (c) <u>Chronic valvular heart disease, Rheumatic</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4/6x</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>1 mo</u> <u>6 mo+</u> <u>20 yr.</u>	
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) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>11/4</u> , 19 <u>51</u> , to <u>6-1-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6-1</u> , 19 <u>51</u> , and that death occurred at <u>4:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ray Callaway M.D.</u>		23b. ADDRESS <u>Springfield Mo</u>	
23c. DATE SIGNED <u>6/4/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>6-3-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant View</u>	
24d. LOCATION (City, town, or county) (State) <u>Webster Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Baker-Baite</u>	
25. ADDRESS <u>Marshfield</u>		DATE REC'D BY LOCAL REG. <u>6-5-51</u>	
REGISTRAR'S SIGNATURE <u>W E Handley WDO</u>		11	

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.

Student .....  
Student Embalmer

Signed *Lee Mason* .....

Licensed Embalmer No. *4568* .....

P. O. Address *Marshfield, 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 this body is not embalmed, fact should be so stated above.