

FILED JUL 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

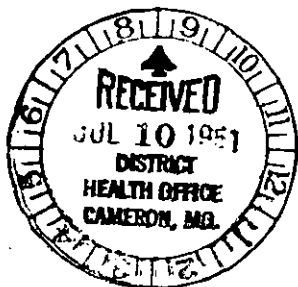
State File No. 20880

BIRTH NO. _____		REG. DIST. NO. 250		PRIMARY REG. DIST. NO. 2848		Registrar's No. 14			
1. PLACE OF DEATH a. COUNTY <u>Wodaway</u>				2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Wodaway</u>	
b. CITY OR TOWN <u>Guilford-rural-grant</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Guilford-rural-grant</u>		d. STREET ADDRESS (If rural, give location) <u>1m W. 3m S. 0740</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION		3. NAME OF DECEASED (Type or Print) a. (First) <u>Ernest</u>		b. (Middle) <u>Wm</u>		c. (Last) <u>Lowrance</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-27-1951</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>Nov. 11-1908</u>		9. AGE (In years last birthday) <u>42</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10. USUAL OCCUPATION (Give kind of work the during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (State or foreign country) <u>Graham-Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>James Lowrance</u>			13b. MOTHER'S M A D E N NAME <u>Daisy Nowland</u>			14. NAME OF HUSBAND OR WIFE <u>Lily Mae Lowrance</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>Mrs. Lily Lowrance-Guilford-Mo.</u>		ADDRESS			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>5 hours</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased in extremis <u>in extremis</u> on <u>27 June, 1951</u> , that I last saw the deceased alive on <u>27 June, 1951</u> , and that death occurred at <u>5:00 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Chas. J. Humbard</u>				23b. ADDRESS <u>Barmaid, Mo</u>		23c. DATE SIGNED <u>6/29/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-29-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Graham Cemg</u>		24d. LOCATION (City, town, or county) (State) <u>Graham-Mo.</u>			
DATE REC'D BY LOCAL REG. <u>July 3-51</u>		REGISTRAR'S SIGNATURE <u>Mrs. E. H. Newland</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. M. Johnson</u>		ADDRESS <u>Rayville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48140
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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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

G. M. Altman

Licensed Embalmer No. *3379*

P. O. Address *Pryville-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.