

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43757**  
Registrar's No. **34**

FILED JAN 4 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **4378**

0740

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

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ravenwood</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Graham</b>	
c. LENGTH OF STAY (in this place) <b>13 mo.</b>		0740	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Walker Nursing Home</b>		d. STREET ADDRESS (If rural, give location) <b>none</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>EDWARD</b>	b. (Middle) <b>ARMFIELD</b>	c. (Last) <b>LOWRANCE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>12 20 53</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>5/18/78</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer-retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own account</b>	11. BIRTHPLACE (State or foreign country) <b>Valle Crucis, N. D.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Lawson L. Lowrance</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>rance, dec Callie Ellen Brown, Low-</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mark Lowrance, Maryville, Mo.</b>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Dilatation</b>		
	ANTECEDENT CAUSES <b>Chronic Myocarditis Decompensation</b>		
DUE TO (b) <b>Chronic Myocarditis Decompensation</b>		DUE TO (c) <b>Chronic Nephritis</b>	
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 checked="" type="checkbox"/>
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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) <b>4222</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Oct 29, 1953** to **Dec. 20, 1953**, that I last saw the deceased alive on **Dec 9, 1953**, and that death occurred at **7:15A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>M. D.</b>	23b. ADDRESS <b>Maryville, Missouri</b>	23c. DATE SIGNED <b>12-23-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>12/22/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Groves</b>	24d. LOCATION (City, town, or county) (State) <b>Graham, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>1-2-54</b>	REGISTRAR'S SIGNATURE <b>Beas Hall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Price Funeral Home, Maryville, Mo.</b>	ADDRESS
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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 Curtis E. Berisley.....

Licensed Embalmer No. 4938.....

P. O. Address Marionville, 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.