

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 4 0 1 9

FILED VS DEC 28 1959

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 311

ENDED

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		Length of stay in lb <u>4 hours</u>	c. CITY OR TOWN <u>Clinton Mo</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Clinton GENL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>52 Hiway North</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Jillie</u> Middle <u>Ann</u> Last <u>LOWE</u>			4. DATE OF DEATH Month <u>DEC</u> Day <u>20</u> Year <u>1959</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/13/1959</u>	9. AGE (last birthday) Months <u>7</u> Days <u></u> Hours <u></u> Min. <u></u>	IF UNDER 1 YEAR IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Clinton Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>		

13a. FATHER'S NAME <u>George Ralph Lowe 2nd</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Smith</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Ralph Lowe</u> Address <u>Clinton Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<u>Pneumonia</u>		<u>48 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	<u>Dysentery Infectious</u>	<u>48 hrs</u>
	DUE TO (c)	<u>Severe Dehydration</u>	<u>24 hrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 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 <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>		

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 <u>Dec 13, 1959</u> to <u>Dec 20, 1959</u> last saw <u>him</u> alive on <u>Dec 20, 1959</u> Death occurred at <u>12:30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		

22. SIGNATURE (Degree or title) <u>J.M. [Signature]</u>		22b. ADDRESS <u>Clinton Mo</u>	22c. DATE SIGNED <u>12-22-59</u>
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/21/1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>

24. FUNERAL DIRECTOR <u>Consuelo Clinton</u> ADDRESS <u>Clinton Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Dec 22-59</u>	26. REGISTRAR'S SIGNATURE <u>Walden Bigum</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAR 21 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eugene R. Comaker

Licensed Embalmer No. 4680

P. O. Address Clinton, 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.