

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 364

STATE FILE NUMBER

<p>FILED DEC 18 1961</p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p>	
<p>a. COUNTY Adair</p>		<p>a. STATE Mo. b. COUNTY Adair</p>	
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville</p>		<p>c. CITY OR TOWN Novinger</p>	
<p>Length of stay in 1b 6 mo.</p>		<p>Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Home # 2</p>		<p>d. STREET ADDRESS (If outside, give location) Route # 3</p>	
<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		<p>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>3. NAME OF DECEASED (Type or print) First Middle Last</p>			<p>4. DATE OF DEATH Month Day Year</p>
<p>WEALTHY MAY LOWE</p>			<p>Dec. 12 1961</p>
<p>5. SEX Female</p>	<p>6. COLOR OR RACE White</p>	<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH 8/4/85</p>
<p>9. AGE (last birthday) 76</p>		<p>IF UNDER 1 YEAR Months Days</p>	<p>IF UNDER 24 HR Hours Min.</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker</p>		<p>10b. KIND OF BUSINESS OR INDUSTRY Own Home</p>	<p>11. BIRTHPLACE (City and state or country) Stahl, Adair Co., Mo.</p>
<p>12. CITIZEN OF WHAT COUNTRY U S</p>		<p>13a. FATHER'S NAME John Sizemore</p>	
<p>13b. MOTHER'S MAIDEN NAME Luzane Adkins</p>		<p>14. NAME OF HUSBAND OR WIFE Thomas A. Lowe</p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No</p>		<p>16. SOCIAL SECURITY NO. No</p>	
<p>17. INFORMANT Thomas Lowe, Connellville, Mo.</p>		<p>Address</p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p>			<p>INTERVAL BETWEEN ONSET AND DEATH</p>
<p>IMMEDIATE CAUSE (a) Toxemia</p>			<p>Days</p>
<p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>			<p>DUE TO (b) Gangrenous decubitus ulcers in lumbar area weeks</p>
<p>DUE TO (c) Generalized Arteriosclerosis</p>			<p>years</p>
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus and Gangrene left foot</p>			<p>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p>
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour Month, Day, Year</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION</p>	<p>COUNTY STATE</p>
<p>21. I attended the deceased from October 9, 1961 to Dec. 12, 1961 and last saw her alive on Dec. 12, 1961</p>			
<p>Death occurred at 12:55 a m on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p>22a. SIGNATURE (Degree or title) George H. Scheurer, D.O., Kirksville</p>		<p>22b. ADDRESS</p>	
<p>22c. DATE SIGNED 12-13-61</p>		<p>23d. LOCATION (City, town, or county) (State) Kirksville, Adair, Mo.</p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) Burial</p>	<p>23b. DATE 12/15/61</p>	<p>23c. NAME OF CEMETERY OR CREMATORIA Highland Park</p>	<p>23d. LOCATION (City, town, or county) (State) Kirksville, Adair, Mo.</p>
<p>24. FUNERAL DIRECTOR ADDRESS Foster Memorial Home, Kirksville, Mo.</p>		<p>25. DATE RECD. BY LOCAL REG. 12-13-61</p>	<p>26. REGISTRAR'S SIGNATURE Doris W. Pottliff</p>

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

GEORGE H. SCHEURER, D.O.

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 _____
Signature of Student Embalmer

Signed Novale Foster

Licensed Embalmer No. 4742

P. O. Address Kukunelly

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.