

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

26055

State File No. _____
Registrar's No. 60

Registration District No. 133

Primary Registration District No. 3022

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

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Bethany
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all of life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Harrison
(c) City or town Bethany
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jesse N. Lovless
3. (b) If veteran _____ name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 22
year 1948 hour 6 minute A M.
21. I hereby certify that I attended the deceased from March
1948 to July 22 1948;
that I last saw him alive on July 21 1948;
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Clara Lovless
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Dec. 29 1876
(Month) (Day) (Year)

Immediate cause of death Angina Pectoris
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations CHD
Of autopsy _____
Duration 5 months

8. AGE: Years 71 Months 6 Days 23
If less than one day hr. _____ min. _____

9. Birthplace Harrison Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer Retired

11. Industry or business _____

12. Name Isaac N. Lovless

13. Birthplace Ind
(City, town, or county) (State or foreign country)

14. Maiden name Manah Pauling

15. Birthplace Ind
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Clara Lovless

(b) Address Bethany Mo

17. (a) Burial (b) Date thereof July 26 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridgeway Cemetery

18. (a) Signature of funeral director Joe E. White

(b) Address Bethany Mo

19. (a) August 2, 48 (b) Zola Burrows
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature C. M. Purpitt (M.D. or other) DD
Address Bethany Date signed July 23-48

PHYSICIAN
Underline the cause to which death should be charged statistically.

8761 8 100 SEP 9 1548

SEP 15 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

S.P. 21948

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Joe E. Wheeler
Licensed Embalmer No. 3512
P. O. Address Bethany 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.