

FILED DEC 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36533

BIRTH NO.		REG. DIST. NO. 47	PRIMARY REG. DIST. NO. 5171	Registrar's No. 386
1. PLACE OF DEATH a. COUNTY CALLAWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY Callaway		
b. CITY (If outside corporate limits, write RURAL and give township) RURAL ST. AUBERT		c. LENGTH OF STAY (In this place) 20 yrs		
d. FULL NAME OF HOSPITAL OR INSTITUTION COUNTY INFIRMARY 5		c. CITY (If outside corporate limits, write RURAL and give township) Fulton		
		d. STREET ADDRESS (If rural, give location) St. Louis Ave.		
3. NAME OF DECEASED (Type or Print) a. (First) ADAH		b. (Middle) BELLEFIELD		c. (Last) LOVELACE
4. DATE OF DEATH (Month) (Day) (Year) 11 20 1949				
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Mar 3 1878	9. AGE (In years last birthday) 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Stearns W. Lovelace		13b. MOTHER'S MAIDEN NAME Mary E. ?	14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ed Thomas	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Epilepsy		INTERVAL BETWEEN ONSET AND DEATH 35 years
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Don't know		
		DUE TO (c)		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		3533
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from For about 20 years, to 19, that I last saw the deceased alive on 11-19, 1949, and that death occurred at 5 P. m., from the causes and on the date stated above.				
23a. SIGNATURE W. O. Payne M.D. (Degree or title)		23b. ADDRESS R#6 Fulton Mo		23c. DATE SIGNED 11-21-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 23 1949	24c. NAME OF CEMETERY OR CREMATORY Ebenezer	24d. LOCATION (City, town, or county) (State) Callaway County, Mo.	
DATE REC'D BY LOCAL REG. Nov-3-1949	REGISTRAR'S SIGNATURE Muretta Lawrence	426	F. FUNERAL DIRECTOR'S SIGNATURE ADDRESS mays funeral home, Fulton Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

14  
0  
0

District Health Officer No. 9,  
District File Number  
RECEIVED  
DEC 5 1949

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 Walter J. Haines, Jr.  
Licensed Embalmer No. 4557  
P. O. Address Fulton, 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.