No. 300
10.48

FILED DEC 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40064

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 366

1. PLACE OF DEATH
a. COUNTY ADAIR
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KIRKSVILLE
c. LENGTH OF STAY (in this place) 11 mo 15 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) COMMUNITY NURSING HOME #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Adair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kirksville
d. STREET ADDRESS (If rural, give location) V. Miller Apts

3. NAME OF DECEASED (Type or Print) a. (First) MAHALA b. (Middle) c. (Last) LOVINGER

4. DATE OF DEATH (Month) (Day) (Year) 12-15-49

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0
8. DATE OF BIRTH April 9 1866
9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OLD AGE PENSIONER
10b. KIND OF BUSINESS OR INDUSTRY Millinery Shop
11. BIRTHPLACE (State or foreign country) Knox Co. Mo
12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Henry Lovinger
13b. MOTHER'S MAIDEN NAME Mahala Fetters
14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Mrs Laura Shores ADDRESS Atlanta Mo

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 (Medullary Paralysis)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) RESPIRATORY FAILURE — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Toxic Encephalopathy — 2 days.
DUE TO (c) Chronic Pellegra — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Extreme Inanition — six mos. ~~10 years~~

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) 7818

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DEC 30, 1948, to DEC 15, 1949, that I last saw the deceased alive on DEC 15, 1949, and that death occurred at 7:40 A.m., from the causes and on the date stated above.

23a. SIGNATURE M. T. Gutensohn 2 D.O. (Degree or title)
23b. ADDRESS Kirksville Mo
23c. DATE SIGNED 12-15-49

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE Dec-18-49
24c. NAME OF CEMETERY OR CREMATORY Eufelia
24d. LOCATION (City, town, or county) (State) South West Knox County Mo

DATE REC'D BY LOCAL REG. 12-15-49
REGISTRAR'S SIGNATURE Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE Keith Hudson ADDRESS Edina Mo

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 2 8 1948

RECEIVED
District Health Officer No. 10
District File Number 12-49-21
Date Filed DEC 2 8 1948

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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina Missouri

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.