

FILED FEB 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5892

State File No.

947
1

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

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY OR TOWN <u>Flat River</u>		c. CITY OR TOWN <u>Flat River</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>217 Haney St. Flat River, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		4. DATE OF DEATH (Month) (Day) (Year) <u>February - 6 - 1950</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mr. Walter</u>		b. (Middle) <u>Lee</u>	
c. (Last) <u>Loveless</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>July 24 - 1893</u>		9. AGE (In years last birthday) <u>56-6-12</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Captain</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Joseph Lead Co.</u>	
11. BIRTHPLACE (State or foreign country) <u>Desare, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.G</u>	
13a. FATHER'S NAME <u>Mr. Laurie Lovelace</u>		13b. MOTHER'S MAIDEN NAME <u>Melissa St. Claire</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Ida Mason Lovelace</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>493-05-0050</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ida Mason Lovelace - 217 Haney St. Flat River Mo</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u> ANTECEDENT CAUSES DUE TO (b) <u>Arterio sclerosis</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <u>Jan 2</u> , 19 <u>48</u> , to <u>Feb 6</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Feb 5</u> , 19 <u>50</u> , and that death occurred at <u>5:30</u> a.m., from the causes and on the date stated above.	
23a. SIGNATURE <u>C. H. Amphibery M.D.</u>		23b. ADDRESS <u>Flat River Mo</u>	
23c. DATE SIGNED <u>2-6-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>February 9 - 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Desare</u>	
24d. LOCATION (City, town, or county) (State) <u>Desare, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvin W. Hood</u>	
25. ADDRESS <u>303 Cross St - Flat River, Mo.</u>		DATE REC'D BY LOCAL REG. <u>Feb. 9, 1950</u>	
REGISTRAR'S SIGNATURE <u>Ether Rindloss</u>		237	

MAR 6 1950

MAR 27 1950

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FEB 14 1950

DISTRICT HEALTH OFFICE No. 4

File No. 250 - 209

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.

Signed Alvin W. Hood

Signed _____
Student Embalmer

Licensed Embalmer No. 2780

P. O. Address Flax River, 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.