No. 300
30.48

FILED MAR 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2288

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston
c. LENGTH OF STAY (in this place): 12½ Hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo. Delta Comm. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston 1002
d. STREET ADDRESS (If rural, give location): 635 E. Kathleen

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) A. c. (Last) Love

4. DATE OF DEATH: (Month) 2 (Day) 19 (Year) 1950

5. SEX: M

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12-22-1885

9. AGE (In years last birthday): 64 — If under 1 year: Months 1, Days 27; If under 1 day: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: BUILDING

11. BIRTHPLACE (State or foreign country): Crittenden County Ky.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: A.K. Love

13b. MOTHER'S MAIDEN NAME: Addie Lucas

14. NAME OF HUSBAND OR WIFE: Addie Love

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Addie Love--Wife 635 E. Kathleen

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — 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) Complete left sided hemiplegia of 3 yr — ?

DUE TO (c) With extreme dehydration

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. — 352X

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):

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* 2-18, 1950, *to* 2-19, 1950, *that I last saw the deceased alive on* 2-19, 1950, *and that death occurred at* 7:00 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Alden R. Sargent M.D. (Degree or title)

23b. ADDRESS: Sikeston Mo

23c. DATE SIGNED: 2-19-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/21/50

24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cem

24d. LOCATION (City, town, or county) (State): Sikeston, Mo

DATE REC'D BY LOCAL REG.: Feb 27-50

REGISTRAR'S SIGNATURE: Mrs Edla Hunter

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Harry Jones Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 10 1950

MAY 1 0 1950

RECEIVED MAR 6
District Health Office No
District File Number 350/
Date Filed

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 John Allerton

Licensed Embalmer No. 2941

P. O. Address Allerton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.