

FILED JAN 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41568**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **238** PRIMARY REG. DIST. NO. **4355** Registrar's No. **83**

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

**1. PLACE OF DEATH**

a. COUNTY **New Madrid**

b. CITY (If outside corporate limits, write RURAL and give town OR TOWN **New Madrid**)

c. LENGTH OF STAY (in this place) \_\_\_\_\_

d. FULL NAME OF HOSPITAL OR INSTITUTION **None.**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission):

a. STATE **Missouri** b. COUNTY **New Madrid**

c. CITY (If outside corporate limits, write RURAL and give township) **New Madrid**

d. STREET ADDRESS (If rural, give location) \_\_\_\_\_

**3. NAME OF DECEASED**

a. (First) **Mary** b. (Middle) \_\_\_\_\_ c. (Last) **Lovingood**

4. DATE OF DEATH (Month) (Day) (Year) **Dec. 15 50**

5. SEX **Female** 6. COLOR OR RACE **Colored** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **July, 20.1897** 9. AGE (In years last birthday) **53**

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

10b. KIND OF BUSINESS OR INDUSTRY **-**

11. BIRTHPLACE (State or foreign country) **Unk.**

12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **Unk.** 13b. MOTHER'S MAIDEN NAME **Unk.** 14. NAME OF HUSBAND OR WIFE **Julious Lovingood**

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. **No.**

17. INFORMANT'S SIGNATURE OR NAME **Neighbors of New Madrid, Mo.** ADDRESS \_\_\_\_\_

**18. CAUSE OF DEATH** Enter only one cause per line for (a), (b), and (c)

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **No. Medical attendant**

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **by all records death**

DUE TO (c) **was due to Myocarditis.**

II. OTHER SIGNIFICANT CONDITIONS

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

INTERVAL BETWEEN ONSET AND DEATH **4 1/2 2 2**

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) \_\_\_\_\_ 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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

22a. SIGNATURE **Carolyn B. New Madrid, Mo.** (Degree or title) \_\_\_\_\_ 22b. ADDRESS \_\_\_\_\_ 22c. DATE SIGNED **12/15/50**

24a. BURIAL, CREMATION, REMOVAL (Specify) \_\_\_\_\_ 24b. DATE **12/19/50** 24c. NAME OF CEMETERY OR CREMATORY **Denwood** 24d. LOCATION (City, town, or county) (State) **New Madrid, Mo.**

DATE REC'D BY LOCAL REG. **1-5-'50** REGISTRAR'S SIGNATURE **Helena Louise Jones** 216 25. FUNERAL DIRECTOR'S SIGNATURE **Richard W. Holt Co** ADDRESS **New Madrid, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

FEB 12 1951

RECEIVED

JAN 8 1951

DISTRICT HEALTH OFFICE No. 1

File No. ....

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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....

*L. S. Hedgkoth*

Signed.....

Student Embalmer

Licensed Embalmer No. *3803*

P. O. Address *New Madrid 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.