

FILED FEB 12 1951

STANDARD CERTIFICATE OF DEATH

State File No. 833

0396

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 73-A

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>WALNUT GROVE</b>	
c. LENGTH OF STAY (in this place) <b>18 DAYS</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ZARK OSTEOPATHIC HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JAMES</b>	b. (Middle) <b>BEULAR</b>	c. (Last) <b>LOVEALL</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>1 - 31 - 1951</b>

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JANUARY 26, 1882</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>5</b>	IF UNDER 2 HRS. Hours <b>0</b> Min. <b>5</b>
--------------------	-------------------------------	---	--	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MILL FOREMAN</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>MARBLE QUARRY</b>	11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	--	---	--

13a. FATHER'S NAME <b>STEVEN LOVEALL</b>	13b. MOTHER'S MAIDEN NAME <b>EMMA WATSON</b>	14. NAME OF HUSBAND OR WIFE <b>ROWENA LOVEALL</b>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>JAMES LOVEALL</b>	ADDRESS <b>WALNUT GROVE MO</b>
---	--	--	--------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Medullary Failure</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>331X</b>
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <b>Cerebral Hemorrhage</b>		
	DUE TO (c) <b>Advanced arteriosclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION <b>-</b>	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) (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 **1-13**, 19**51**, to **1-31**, 19**51**, that I last saw the deceased alive on **1-31**, 19**51**, and that death occurred at **6:55 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W E Handley</b> (Degree or title) <b>D.O.</b>	23b. ADDRESS <b>700 E. SUNSHINE, SPRINGFIELD, MISSOURI</b>	23c. DATE SIGNED <b>1-31-51</b>
---	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>2-3-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Eudora Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Polk Co. Mo</b>
---	-------------------------	---	--

DATE REC'D BY LOCAL REG. <b>2-5-51</b>	REGISTRAR'S SIGNATURE <b>W E Handley</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Primo Funeral Service</b>	ADDRESS <b>Walnut Grove Mo</b>
--	--	---	--------------------------------

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

1000

**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 Warren D. Noblett

Licensed Embalmer No. 4005

P. O. Address Ash Grove, 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.