

FILED MAY 18 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16329

BIRTH NO.		REG. DIST. NO. 139		PRIMARY REG. DIST. NO. 4224		Registrar's No. 37	
1. PLACE OF DEATH a. COUNTY HOLT				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HOLT			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FOREST CITY		c. LENGTH OF STAY (in this place) LIFETIME		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FOREST CITY		0440	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED a. (First) MARY (Type or Print)			b. (Middle) KATHRYN		c. (Last) LOVELADY		4. DATE OF DEATH (Month) MAY (Day) 5 (Year) 1951
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2		8. DATE OF BIRTH JAN. 6, 1879	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF OVER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) FOREST CITY, MO. U		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN HENRY NOLANDE			13b. MOTHER'S MAIDEN NAME LUCY ANN ROBINSON		14. NAME OF HUSBAND OR WIFE FRANK LOVELADY		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. MABEL NEIDERHOUSE FOREST CITY, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) SEVERE CORYZA. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SENILITY. 490X INTERVAL BETWEEN ONSET AND DEATH 3 DAYS. 2 WKS					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Dg Artery Arteriosclerosis					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)	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 Dec. 1940, to May 5, 1951, that I last saw the deceased alive on May 4, 1951, and that death occurred at 7:30 A. m., from the causes and on the date stated above.							
23a. SIGNATURE Howard E. Collier D.O.				23b. ADDRESS Oregon, Mo.		23c. DATE SIGNED May 5, 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 8, 1951	24c. NAME OF CEMETERY OR CREMATORY Rulo Cemetery		24d. LOCATION (City, town, or county) (State). RULO, NEBR.			
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE 122 0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James H. Pettigrew Oregon Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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



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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 James H. Pittjahn .....

Licensed Embalmer No. 3192 .....

P. O. Address Oregon, 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.