

FILED DEC 31 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41407

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4225 Registrar's No. 81

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

|  |   |  |             |
|--|---|--|-------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Holt</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u> |             |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oregon</u> | c. LENGTH OF STAY (in this place) <u>12 yrs</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oregon</u>   | <u>8440</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Oregon</u>                                      |   | d. STREET ADDRESS (If rural, give location) <u>Oregon</u>  |             |

|                                     |                          |                           |                     |                  |                    |
|-------------------------------------|--------------------------|---------------------------|---------------------|------------------|--------------------|
| 3. NAME OF DECEASED (Type or Print) |                          |                           | 4. DATE OF DEATH    |                  |                    |
| a. (First) <u>Joel</u>              | b. (Middle) <u>-----</u> | c. (Last) <u>Lovelady</u> | (Month) <u>Dec.</u> | (Day) <u>18,</u> | (Year) <u>1951</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>Feb. 4, 1872</u> | 9. AGE (In years last birthday) <u>79.</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 4 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|--------------------------------------|--|---|--|

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

|  |  |   |
|--|--|---|
| 13a. FATHER'S NAME <u>William Lovelady</u> | 13b. MOTHER'S MAIDEN NAME <u>Sarah Thacker</u> | 14. NAME OF HUSBAND OR WIFE <u>Minnie B. Lovelady</u> |
|--|--|---|

|  |  |  |                           |
|--|--|--|---------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>Unknown</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Minnie B. Lovelady</u> | ADDRESS <u>Oregon, Mo</u> |
|--|--|--|---------------------------|

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 years</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon</u>  |  |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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) <u>153X</u> |
|--|--|---|

|   |  |                                  |
|---|--|----------------------------------|
| 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? _____ |
|---|--|----------------------------------|

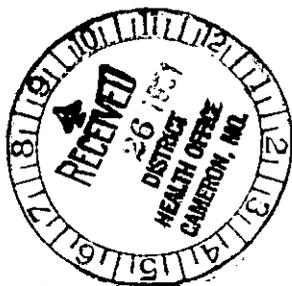
22. I hereby certify that I attended the deceased from \_\_\_\_\_, 1949, to Dec 18, 1951, that I last saw the deceased alive on Dec 18, 1951, and that death occurred at 12 m., from the causes and on the date stated above.

|   |                               |                                  |
|---|-------------------------------|----------------------------------|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) | 23b. ADDRESS <u>Oregon mo</u> | 23c. DATE SIGNED <u>12/19/51</u> |
|---|-------------------------------|----------------------------------|

|   |                           |   |   |
|---|---------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12/20/51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Mound City, Missouri</u> |
|---|---------------------------|---|---|

|  |  |   |                               |
|--|--|---|-------------------------------|
| DATE REC'D BY LOCAL REG. <u>12-20-1951</u> | REGISTRAR'S SIGNATURE <u>J. C. Tracy by wife</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Crawford</u> | ADDRESS <u>Mound City Mo.</u> |
|--|--|---|-------------------------------|

(Licensed Embalmer's Statement on Reverse Side)



**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 Crawford*

Licensed Embalmer No. 4796

P. O. Address Mound City, Mo

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

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