

FILED APR 15 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7590

BIRTH NO.		REG. DIST. NO. 47	PRIMARY REG. DIST. NO. 3008	Registrar's No. 120
1. PLACE OF DEATH a. COUNTY Callaway 0143 <sub>2</sub>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Montgomery 0700		
b. CITY (If outside corporate limits, write RURAL, and give town) Fulton		c. LENGTH OF STAY (in this place) 10 days		c. CITY (If outside corporate limits, write RURAL and give township) Montgomery 1
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital		d. STREET ADDRESS (If rural, give location) none		
3. NAME OF DECEASED (Type or Print) Margaret Olive Lovelace		a. (First) Margaret b. (Middle) Olive c. (Last) Lovelace		4. DATE OF DEATH (Month) (Day) (Year) Apr. 6, 1952
5. SEX F 1	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2	8. DATE OF BIRTH March 4, 1867	9. AGE (In years last birthday) 85-1 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State or foreign country) Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Pa. Bratton		13b. MOTHER'S MAIDEN NAME Sarah Ann Appleby	14. NAME OF HUSBAND OR WIFE John Lovelace "Deceased"	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME Hospital Records Fulton 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) Myocarditis ANTECEDENT CAUSES (b) Generalized arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4221		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to 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 March 27, 1952 to April 6, 1952, that I last saw the deceased alive on April 6, 1952, and that death occurred at 8:10 P.M., from the causes and on the date stated above.				
23a. SIGNATURE L. R. Hunter M.D. by Hank		23b. ADDRESS State Hosp. Fulton Mo		23c. DATE SIGNED 4/6/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-10-52	24c. NAME OF CEMETERY OR CREMATORY Montgomery City	24d. LOCATION (City, town, or county) (State) Montgomery City Mo	
DATE REC'D BY LOCAL REG. APR 9 1952	REGISTRAR'S SIGNATURE Martha Lawrence 426	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. V. HOPKINS MONTGOMERY CITY MO		

(Licensed Embalmer's Statement on Reverse Side)

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

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~~ XX on the day of April 1952

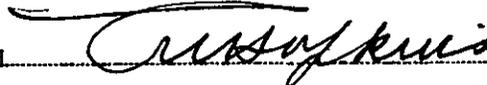
working under my personal supervision.

Student Embalmer No. ....

C. W. Hopkins

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. I487

P. O. Address Montgomery City 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.