

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 7 1952

BIRTH NO. _____		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>5786</u>		Registrar's No. <u>24</u>		
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wyatt (Rural)</u>		c. LENGTH OF STAY (in this place) <u>16 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wyatt (Rural)</u> <u>0670</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>P. O. Box 97</u>				d. STREET ADDRESS (If rural, give location) <u>P. O. Box 97</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Evelener</u> b. (Middle) _____ c. (Last) <u>Love</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 21, 1952</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 10, 1874</u>		9. AGE (In years last birthday) <u>77</u>	10. MONTHS <u>5</u>	11. DAYS <u>11</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>West Point, Miss.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Bob Chandler</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Jim Love</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mim Love, Wyatt, Missouri</u>				ADDRESS _____
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease & Left Hemiplegia & Chronic Nephritis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u> <u>10 mos (Heart)</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS 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) _____				
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 <u>10-16-1951</u> to <u>2-28-1952</u> , that I last saw the deceased alive on <u>2-28-1952</u> , and that death occurred at <u>4:00 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>W. D. Fingal</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>204 Court St. Charleston Mo.</u>		23c. DATE SIGNED <u>3-22-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 26, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>March 28 1952</u>		REGISTRAR'S SIGNATURE <u>Wm. Lee Kilgore</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. J. Sparks</u>		ADDRESS <u>Charleston, Missouri</u>		

0670
1
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 1 REC'D
RECEIVED
Miss. Co. Health Dept
County File No. _____
Date Filed APR 5 1952

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.....
Student Embalmer

Signed Frank J. Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau 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.

W. S. Sparks, G. F.