

No. 300  
10.48

FILED MAY 3-1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13662**

BIRTH NO. _____		REG. DIST. NO. <b>239</b>		PRIMARY REG. DIST. NO. <b>5825</b>		Registrar's No. <b>12</b>	
1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>6 Miles N. E. Malden</b>		c. LENGTH OF STAY (in this place) <b>12 Yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Como Twp.</b>		0720	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Como Township</b>				d. STREET ADDRESS (If rural, give location) <b>6 Miles N. E. Malden, Mo.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>RUFUS</b>			b. (Middle) <b>NAPIEON</b>		c. (Last) <b>LOVE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 3 1952</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>2/22/1877</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>		11. BIRTHPLACE (State or foreign country) <b>Alabama</b>		12. CITIZEN OF WHAT COUNTRY? <b>/</b>	
13a. FATHER'S NAME <b>William C. Love</b>			13b. MOTHER'S MAIDEN NAME <b>Malinda Aswalt</b>		14. NAME OF HUSBAND OR WIFE <b>Maggie Love</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Maggie Love Route 2 Parma, Mo.</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Colon</b>  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.					INTERVAL BETWEEN ONSET AND 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) <b>153X</b>			
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 <b>3-7, 1952</b> , to <b>7-3, 1952</b> , that I last saw the deceased alive on <b>3-7, 1952</b> , and that death occurred at <b>10 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>J. H. Gilbert M.D.</b>				23b. ADDRESS <b>1. Parma, Mo.</b>		23c. DATE SIGNED <b>4/1/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>4/6/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>BLUFF SPRINGS</b>		24d. LOCATION (City, town, or county) (State) <b>BLUFF SPRINGS, MISS.</b>		
DATE REC'D BY LOCAL REG. <b>4/19/52</b>		REGISTRAR'S SIGNATURE <b>Dr. Geo. Husted M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>DAY FUNERAL HOME MALDEN, MO.</b>			

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed J. E. Schuman

Licensed Embalmer No. 4086

P. O. Address Minden

**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.