

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27838

State File No.

FILED SEP 3- 1952

BIRTH NO. _____ REG. DIST. NO. 136 PRIMARY REG. DIST. NO. 5498 Registrar's No. 5

30 1952

1. PLACE OF DEATH a. COUNTY <u>Harrison</u> <u>0410</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u> <u>0410</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hatfield</u> <u>Wormalt on H. 1107</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hatfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Louie</u> b. (Middle) <u>S.</u> c. (Last) <u>Lovitt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 15, 1952</u>			
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>January 3, 1895</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	

13a. FATHER'S NAME <u>Andrew Jackson Lovitt</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Kerns</u>		14. NAME OF HUSBAND OR WIFE <u>Lois Hill Lovitt</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lois Hill Lovitt</u>	
				ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 year</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. <u>Diabetes mellitus</u>			<u>@ 10 years</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>002X</u>		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 1947, to August 15, 1952; that I last saw the deceased alive on Aug 14, 1952, and that death occurred at 7:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank B. Matteson M.D.</u>		23b. ADDRESS <u>Grant City, Mo.</u>		23c. DATE SIGNED <u>8-18-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-17-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grant City Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Grant City, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>Aug. 26, 1952</u>		REGISTRAR'S SIGNATURE <u>Florence C. Powell</u>		449-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arch C. Duffer</u>		ADDRESS <u>Grant city, Mo.</u>	
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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. 445

working under my personal supervision.

Student Bill Dunfee
Student Embalmer

Signed Arch C. Dunfee

Licensed Embalmer No. 3252

P. O. Address Grant 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.