

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4980

State File No. ....

FILED FEB 16 1953

BIRTH NO. 596 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>MISSOURI</b> b. COUNTY <b>STODDARD</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>POPLAR BLUFF</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>DUDLEY</b>	
c. LENGTH OF STAY (In this place) <b>---</b>		1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>POPLAR BLUFF HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>ROUTE 1</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>LADONNA</b>	b. (Middle) <b>ANN</b>	c. (Last) <b>LOVELL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>February 3, 1953</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>FEB. 3, 1953</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>---</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>	11. BIRTHPLACE (State or foreign country) <b>Poplar Bluff, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>JIMMIE LEE LOVELL</b>	13b. MOTHER'S MAIDEN NAME <b>BONNIE BETH MARTIN</b>	14. NAME OF HUSBAND OR WIFE <b>---</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>---</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. BONNIE LOVELL, DUDLEY, MO.</b>	ADDRESS <b>---</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia (Lobar)</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <b>---</b>		
	DUE TO (c) <b>---</b>		
II. OTHER SIGNIFICANT CONDITIONS- Conditions contributing to the death but not related to the disease or condition causing death. <b>7630</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 Feb. 3, 1953, to Feb. 3, 1953, that I last saw the deceased alive on Feb. 3, 1953, and that death occurred at 4:00 m., from the causes and on the date stated above.

23a. SIGNATURE <b>Frank S. Dineen, M.D.</b> (Degree or title)	23b. ADDRESS <b>POPLAR BLUFF, MO.</b>	23c. DATE SIGNED <b>2-4-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>2-4-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SHAIN MEMORIAL</b>	24d. LOCATION (City, town, or county) (State) <b>BUTLER, MO.</b>
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DATE REC'D BY LOCAL REG. <b>Feb. 5 1953</b>	REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. C. White</b> ADDRESS <b>Fisk, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

FEB 12 1959

BUTLER CO. HEALTH CENTER

FILE No. 253-166

253-78

*Not Embalmed*

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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.

STATE 82-1-5 JAN 1959