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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14991

FILED MAY 2 1953

File No. 162

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 162

1. PLACE OF DEATH a. COUNTY <u>MARION</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MO</u> b. COUNTY <u>MARION</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HANNIBAL</u> c. LENGTH OF STAY (in this place) <u>3 Mrs</u>		c. CITY OR TOWN <u>HANNIBAL</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ELIZABETH HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>211 VIRGINIA</u> <u>0644</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LOVE</u>	b. (Middle) <u>Mrs. Freda</u>	c. (Last) <u>E. Love</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 21 1953</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT 16, 1880</u>	9. AGE (In years last birthday) <u>72</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>HANNIBAL, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U-S.</u>
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13a. FATHER'S NAME <u>HENRY MILIAN</u>	13b. MOTHER'S MAIDEN NAME <u>LOUISE SCHÜTENHELM</u>	14. NAME OF HUSBAND OR WIFE <u>ALEX R. LOVE</u>
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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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Alex R. Love - Hannibal, Mo</u>	ADDRESS _____
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) _____		
11. 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 <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____
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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? _____
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22. I hereby certify that I attended the deceased from 1 April 1953, to 21 April 1953, that I last saw the deceased alive on 21 April, 1953, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

22a. SIGNATURE <u>Henry D. Allen M.D.</u> (Degree or title)	23b. ADDRESS <u>Hannibal, Mo</u>	23c. DATE SIGNED <u>April 24/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-23-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVET CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>HANNIBAL, MO</u>
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DATE REC'D BY LOCAL REG. <u>4-27-53</u>	REGISTRAR'S SIGNATURE <u>Dr. E.M. Lucke By W. Fisher</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Calvin C. Clark</u>	ADDRESS <u>Hannibal, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 9 1958  
MARION CO. HEALTH DEPT.  
DATE FILED MAY 9 1958

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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.....  
Signature of Student Embalmer

Signed.....  
*Ralph Clark*

Licensed Embalmer No. *42*

P. O. Address *Harmon*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.