

FILED NOV 9 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35695

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 231

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pass 0190</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Creighton</u>	
c. LENGTH OF STAY (in this place) <u>2 months</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Moore's Rest Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Guy Sanford</u> b. (Middle) <u>Lovegrove</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 3 1953</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>July 12, 1890</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 Wk. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Photographer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Photographer</u>		11. BIRTHPLACE (State or foreign country) <u>Washington County Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Jacob William Lovegrove</u>	13b. MOTHER'S MAIDEN NAME <u>Amanda Rathrock</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Leonard Farr</u> ADDRESS <u>Creighton, Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arterio-sclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Facial neuralgia, right</u>		<u>About 3 months</u>	

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	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 Oct 21, 1953, to Nov 3, 1953, that I last saw the deceased alive on Nov 2, 1953, and that death occurred at 9:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. B. Hughes, M.D.</u>	23b. ADDRESS <u>Clinton, Mo.</u>	23c. DATE SIGNED <u>11/3/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 5, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grant Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Creighton, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Nov 4, 1953</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arnold's</u> ADDRESS <u>Creighton, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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
Student Embalmer

Signed Irwin R. Arnold

Licensed Embalmer No. 4929

P. O. Address Beighton, 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.