

FILED NOV 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38061

BIRTH NO. _____ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 6198 Registrar's No. 65-

1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY Texas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tyrne, Missouri		c. LENGTH OF STAY (In this place) 3 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tyrone 1072	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 2			

3. NAME OF DECEASED (Type or Print)	a. (First) LOUISIA	b. (Middle) BELLE	c. (Last) LOVAN	4. DATE OF DEATH Nov. 3, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH May 14, 1874	9. AGE (In years last birthday) 79	10. IF UNDER 1 YEAR 5 Months	11. IF UNDER 24 HOURS 19 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Clear Springs, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Stephens	13b. MOTHER'S MAIDEN NAME unk	14. NAME OF HUSBAND OR WIFE Charles Lovan Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service) none	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Earl Bowen Star Route Willow Spring	ADDRESS Willow Spring
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral vascular accident		5 minutes
ANTECEDENT CAUSES	DUE TO (b) Lobar pneumonia		2 days
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) Generalized arteriosclerosis		10 years
II. OTHER SIGNIFICANT CONDITIONS	Arteriosclerotic heart disease		3 years
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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 August 1953, to Nov. 3, 1953, that I last saw the deceased alive on Nov 3, 1953, and that death occurred at 8:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE John B. Kelly	(Degree or title) M.D.	23b. ADDRESS Houston Mo.	23c. DATE SIGNED 11-7-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-6-53	24c. NAME OF CEMETERY OR CREMATORY Clear Springs,	24d. LOCATION (City, town, or county) (State) Clear Springs, Mo.
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DATE REC'D BY LOCAL REG. 11-6-53	REGISTRAR'S SIGNATURE Gaynell Cunningham	25. FUNERAL DIRECTOR'S SIGNATURE Burns Willow Springs, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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 *Fred W. Barnes*
Fred W. Barnes

Licensed Embalmer No. 4614

P. O. Address Willow Springs, 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.