

STANDARD CERTIFICATE OF DEATH

State File No. **4108**

BIRTH NO. **FILED MAR 8 1954** REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **5124** Registrar's No. **239**

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) DeKalb-Bloomington Twp.		c. CITY OR TOWN DeKalb	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 14 years		e. STREET ADDRESS (If rural, give location) 0110	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home, DeKalb, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) Roy b. (Middle) Estelle c. (Last) Lovelace			4. DATE OF DEATH (Month) (Day) (Year) February 28, 1954		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 11, 1899	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months Days 54
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) employee		10b. KIND OF BUSINESS OR INDUSTRY Foundry	11. BIRTHPLACE (City and State or Foreign Country) Falmouth, Kentucky		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Sherman Lovelace	13b. MOTHER'S MAIDEN NAME Martha Traylor	14. NAME OF HUSBAND OR WIFE Sylvia
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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) no	16. SOCIAL SECURITY NO. 499-36-5748	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Sylvia Lovelace, DeKalb, Missouri
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Coronary Occlusion		1 hr.
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Arteriosclerotic Heart Disease		unk.
DUE TO (c) Arteriosclerosis		unk.	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200	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)
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. 28, 19 54**, to **Feb. 28, 19 54**, that I last saw the deceased alive on **Feb. 28, 19 54**, and that death occurred at **2:30 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Margaret E. Loggins M.D.	23b. ADDRESS 301 Illinois Ave., City	23c. DATE SIGNED 3-2-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3/2/1954	24c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery	24d. LOCATION (City, town, or county) (State) DeKalb, Missouri
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DATE REC'D BY LOCAL REG. Mar 5, 1954	REGISTRAR'S SIGNATURE Kathleen M. Allison	485-2	25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Bowman	ADDRESS St Joseph, Mo.
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MAR 10 1937

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.....
Eugene Wood

Licensed Embalmer No. 3884

P. O. Address 319 S 10th St

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.