

STANDARD CERTIFICATE OF DEATH

State File No. **7661**

BIRTH NO. **FILED MAR 16 1954** REG. DIST. NO. **6** PRIMARY REG. DIST. NO. **3001** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vandalia	c. LENGTH OF STAY (In this place) approx 2 1/2 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vandalia 0041	
d. FULL NAME OF HOSPITAL OR INSTITUTION 513 West Olive		d. STREET ADDRESS (If rural, give location) 513 West Olive	

3. NAME OF DECEASED (Type or Print) a. (First) Parlee b. (Middle) Sherman c. (Last) Lovell			4. DATE OF DEATH (Month) (Day) (Year) March 12, 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 18, 1884	9. AGE (In years, last birthday) 69	10. CITIZENSHIP U.S.
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 (City and State or Foreign Country) Greenfield, Illinois	

13a. FATHER'S NAME William Sherman	13b. MOTHER'S MAIDEN NAME Frances Walker	14. NAME OF HUSBAND OR WIFE Louis F. Lovell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 499-28-1801	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louis F. Lovell Jr, Vandalia, Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Hypertension DUE TO (c) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 20 min 8 yrs. 8 yrs.
II. 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 4201	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) (Min) _____	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 Jan 15, 1950, to 3-12, 1954, that I last saw the deceased alive on 3/12, 1954, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J.P. Dougherty, D.O.	23b. ADDRESS Vandalia, Mo.	23c. DATE SIGNED 3/13/54
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Mar 14, 1954	24c. NAME OF CEMETERY OR CREMATORY Mill Creek Cemetery	24d. LOCATION (City, town, or county) (State) Lincoln County, Mo
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DATE REC'D BY LOCAL REG. March 13 1954	REGISTRAR'S SIGNATURE Malcolm Dugan	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS William D. Waters Vandalia, Mo.
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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 William B. Dater

Licensed Embalmer No. 4169

P. O. Address Vandalia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.