

No. 300
10. 48

FILED JUL 21 1954

STANDARD CERTIFICATE OF DEATH 4450 State File No. 24106

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6041 Registrar's No. 453

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| 1. PLACE OF DEATH a. COUNTY Ripley | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Ripley | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Naylor Rt. #1 | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Naylor Rt. #1 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Atwood Rest Home | | d. STREET ADDRESS (If rural, give location) 3 1/2 mi. N.W. of Naylor, Mo. | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Emanuel b. (Middle) M. c. (Last) LOVELACE | 4. DATE OF DEATH (Month) (Day) (Year) May, 24, 1954 |
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|--------------------|-------------------------------|---|---------------------------------------|---|--|---|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH Dec. 20, 1877 | 9. AGE (In years last birthday) 76 | IF UNDER 1 YEAR Months 5 Days 4 | IF UNDER 24 HRS. Hours 4 Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroading | 10b. KIND OF BUSINESS OR INDUSTRY Retired | 11. BIRTHPLACE (State or foreign country) Reynolds County, Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Laura Lovelace | 13b. MOTHER'S MAIDEN NAME Melissa S inclair | 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 dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME J.O. Lovelace | ADDRESS 722 Cedar, Poplar Bluff, 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Labor pneumonia | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. - DUE TO (b) myocardial degeneration DUE TO (c) arteriosclerosis | | |
| II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION none | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) no | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? none |
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22. I hereby certify that I attended the deceased from **5/16**, 19**54**, to **5-24-54**, 19**54**, that I last saw the deceased alive on **5/21**, 19**54**, and that death occurred at **8 P.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE St. E. White M.D. | (Degree or title) | 23b. ADDRESS Naylor Mo. | 23c. DATE SIGNED 5/28/54 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 5-25-54 | 24c. NAME OF CEMETERY OR CREMATORY City Cemetery | 24d. LOCATION (City, town, or county) (State) Willow Springs, Mo. |
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| DATE REC'D BY LOCAL REG. 6-14-54 | REGISTRAR'S SIGNATURE Johnston 271 | 25. FUNERAL DIRECTOR'S SIGNATURE Burns Funeral Home | ADDRESS Willow Spgs., Mo. |
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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 George Harrent
Licensed Embalmer No. 4809
P. O. Address Doriphan, Me

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.