

FILED DEC 9 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38024

State File No. _____

BIRTH NO. 79210-54 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 363

1. PLACE OF DEATH a. COUNTY <u>Marion</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>		
b. CITY OR TOWN <u>HANNIBAL</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>	c. CITY OR TOWN <u>Monroe City</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ELIZABETH</u>			d. STREET ADDRESS (If rural, give location) <u>Town Limits</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>DIANA</u> b. (Middle) <u>MERLE</u> c. (Last) <u>LOUETTE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-23-1954</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>COLORED</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>D</u>	8. DATE OF BIRTH <u>11-21-1954</u>		9. AGE (In years last birthday) <u>0</u> IF UNDER 1 YEAR <u>2</u> MONTHS IF UNDER 12 HOURS <u>—</u> Mths.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>					

13a. FATHER'S NAME <u>AUSTIN LOUETTE</u>		13b. MOTHER'S MAIDEN NAME <u>CHARLENE MAYFIELD</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Nellie Mayfield</u> ADDRESS <u>Monroe City</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		

19a. DATE OF OPERATION <u>None</u>	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) <u>7960X</u>
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 Nov. 21, 1954, to Nov. 23, 1954, that I last saw the deceased alive on Nov. 23, 1954, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles R. Johnson M.D.</u>		23b. ADDRESS <u>211 No. Main - Monroe City, Mo.</u>		23c. DATE SIGNED <u>11-27-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-24-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Good Free Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibal Mo</u>		
DATE REC'D BY LOCAL REG. <u>12-2-54</u>	REGISTRAR'S SIGNATURE <u>Dr. E.M. Lucke By W.C. Fisher</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold Darrell</u> ADDRESS <u>Monroe City</u>			

(Signed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Donna Marie Lovett # 885

RECEIVED DEC 7 1954
MARION CO. HEALTH DEPT.
DATE FILED DEC 7 1954

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 Harold Turner

Licensed Embalmer No. 3720

P. O. Address Monroe City

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.