

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **39877**

No. 300  
10-48

**FILED NOV 16 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **340** PRIMARY REG. DIST. NO. **6157** Registrar's No. **88**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Stoddard</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural: 6 M1 NW Parma</b>		c. CITY OR TOWN <b>6 M1 NW Parma</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>53</b>		e. STREET ADDRESS (If rural, give location) <b>1030</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Elk Twp.</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) <b>Issac Edward Loveless</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Nov 6 1954</b>		
a. (First)		b. (Middle)		c. (Last)	
<b>5. SEX</b> <b>M</b>	<b>6. COLOR OR RACE</b> <b>W</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>widowed</b>		<b>8. DATE OF BIRTH</b> <b>June 12 1871</b>	
<b>9. AGE</b> (In years last birthday) <b>83</b>		<b># UNDER 1 YEAR</b> Months	<b># UNDER 1 YEAR</b> Days	<b># UNDER 1 HR.</b> Hours	<b># UNDER 1 HR.</b> Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>retired farmer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>State of Ind.</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>					

<b>13a. FATHER'S NAME</b> <b>Issac Loveless</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>unknown</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>deceased</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Gertrude Hatchel Bernie Mo Rtl</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>YEARS</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>ENDOCARDITIS</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) SENILITY</b> <b>DUE TO (c)</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS.</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>4214</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from 1-10-54, 19, to 11-5-54, 19, that I last saw the deceased alive on 11-5-54, 19, and that death occurred at 1:30 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>D. E. Fange D.D.</b>	<b>23b. ADDRESS</b> <b>PARMIL-MO</b>	<b>23c. DATE SIGNED</b> <b>11-6-54</b>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>burial</b>	<b>24b. DATE</b> <b>Nov 7 1954</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Malden Memorial Park</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Malden Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>11-8-54</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Valeria V. Jenkins</b>	<b>404</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Watkins Fun. Soc.</b>	<b>ADDRESS</b> <b>Parma Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Marsh W. Withers*.....

Licensed Embalmer No. *4777*.....

P. O. Address *2010 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.