

STANDARD CERTIFICATE OF DEATH

FILED JAN 12 1955

State File No. ....

No. 300  
10-48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 298 PRIMARY REG. DIST. NO. 3054 Registrar's No. H

1. PLACE OF DEATH a. COUNTY <u>PIKE 0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>	
b. CITY OR TOWN <u>LOUISIANA</u>		c. CITY OR TOWN <u>LOUISIANA</u>	
c. LENGTH OF STAY (in this place) <u>3 YEARS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PIKE COUNTY HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>0821 215 NORTH SIXTH ST.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>GRACE</u> b. (Middle) <u>LUCILLE</u> c. (Last) <u>LOVE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 4, 1955</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC. 12, 1923</u>
9. AGE (In years last birthday) <u>31</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ROCKFORD, ILLINOIS</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>AMOS MEYERS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY WATSON</u>	
13c. NAME OF HUSBAND OR WIFE <u>LOUIS LOVE</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>LOUIS LOVE</u>		ADDRESS <u>LOUISIANA, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Chs. Glomerular Nephritis</u>	
DUE TO (c) _____		6-8 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 _____		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) _____	
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 <u>1/22</u> , 19 <u>54</u> , to <u>1/4</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1/4</u> , 19 <u>55</u> , and that death occurred at <u>3:20 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John W. Middleton M.D.</u>		23b. ADDRESS <u>Louisiana Mo.</u>	
23c. DATE SIGNED <u>1/5/55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	
24b. DATE <u>JAN 8, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grandview</u>	
24d. LOCATION (City, town, or county) _____		24e. (State) _____	
DATE REC'D BY LOCAL REG. <u>Jan 5 55</u>		REGISTRAR'S SIGNATURE <u>Bernice Collier</u>	
25 FUNERAL DIRECTOR'S SIGNATURE <u>Geo. M. Collier</u>		ADDRESS <u>Louisiana Mo.</u>	

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.....  
*Geo. M. Collier*

Licensed Embalmer No. *38*

P. O. Address *Louisiana*

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.