

STANDARD CERTIFICATE OF DEATH

11306

FILED APR 21 1955

State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>60</u>		PRIMARY REG. DIST. NO. <u>4106</u>		Registrar's No. <u>39</u>			
1. PLACE OF DEATH a. COUNTY <u>Cedar</u> 0200 4				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u> 1930					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jerico Springs</u>		c. LENGTH OF STAY (In this place) <u>4 years</u>		c. CITY OR TOWN <u>Lowry City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nichols Nursing Home</u>				e. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Loveda</u>			b. (Middle) <u>Mae</u>		c. (Last) <u>Artz</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr; 16, 1955</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>		8. DATE OF BIRTH <u>Feb; 17, 1875</u>		9. AGE (In years last birthday) <u>80</u> if UNDER 1 YEAR Months Days if UNDER 60 MIN. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Youngstown Ohio</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Thomas Kennedy</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Artz, Appleton City Mo;</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bulbar paralysis</u> ANTECEDENT CAUSES <u>Cerebral thrombosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral thrombosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>4-9</u> , 19 <u>55</u> , to <u>Apr 9</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Apr 9</u> , 19 <u>55</u> , and that death occurred at <u>10:45 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>E. J. Sandersworth D.D.</u>				23b. ADDRESS <u>El. Bonds Spgs.</u>			23c. DATE SIGNED <u>4/16/55</u>		
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-19-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lowry City</u>		24d. LOCATION (City, town, or county) (State) <u>Lowry City Missouri</u>			
DATE REC'D BY LOCAL REG. <u>4-21-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Business Funeral Home, Decatur Mo</u>				

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 *J. B. [Signature]*.....

Licensed Embalmer No. *3038*

P. O. Address *[Signature]*

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.