

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4348 State File No. 34123

233 4348

BIRTH NO. _____ REG. DIST. NO. 4348 PRIMARY REG. DIST. NO. 233 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If location: a. STATE <u>Mo</u> b. COUNTY <u>Montgomery</u>)	
b. CITY OR TOWN <u>Wellsville</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>Wellsville</u> (If outside corporate limits, write RURAL and give township)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>East Bates</u>		d. STREET ADDRESS (If rural, give location) <u>East Bates</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Lee</u> c. (Last) <u>Love</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 20 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Oct 29, 1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>	9. AGE (In years last birthday) <u>63</u> Months <u>11</u> Days <u>21</u>
11. BIRTHPLACE (City and State, Foreign Country) <u>Holiday House, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John F. Love</u>		13b. MOTHER'S MAIDEN NAME <u>Bella S. Day</u>	
13c. NAME OF HUSBAND OR WIFE <u>Anna Belle Love</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Belle Love</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY <u>486-14-5280</u>	
17. INFORMANT'S SIGNATURE OR NAME (Print) <u>Luther Love</u>		17. ADDRESS (Print) <u>Wellsville, 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>Cerebral Aneurysm</u>		(INTERVAL BETWEEN ONSET AND DEATH) <u>Sudden</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		b. ANTECEDENT CAUSES <u>Cerebral Artery Disease</u>	
c. DUE TO (b) <u>4201</u>		d. DUE TO (c) <u>12 mo</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>Past Operative Prostatectomy</u>			
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) <u>Wellsville Montgomery Mo</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 <u>June 20, 1955</u> to <u>Oct 20, 1955</u> , that I last saw the deceased alive on <u>Oct 20, 1955</u> , and that death occurred at <u>11 P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or Title) <u>D. G. W. [Signature]</u>		23b. ADDRESS <u>Wellsville, Mo</u>	
23c. DATE SIGNED <u>10/23/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/23/55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Friendship Cem.</u>		24d. LOCATION (City, town, or county) <u>Bachelor Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-22-55</u>		REGISTRAR'S SIGNATURE <u>W.S. Roman [Signature]</u>	
5. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Wellsville Mo</u>	

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

T. B. Kelly

Licensed Embalmer No. *1588*

P. O. Address *Wellsville 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 this body is not embalmed, fact should be so stated above.