

FILED FEB 26 1957

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5411**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **181** PRIMARY REG. DIST. NO. **4293** Registrar's No. **11**

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Elsberry</b>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>Elsberry</b> <b>8530</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <b>New Hope Road</b>		(If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Iza Bettie</b>	b. (Middle)	c. (Last) <b>Lovelace</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>2/17/1957</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>6/12/1882</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>3</b>	IF UNDER 24 HRS. Hours <b>5</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <b>house wife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Lincoln County Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Isaac C. Trail</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Catherine Shelton</b>	14. NAME OF HUSBAND OR WIFE <b>Wade Lovelace (deceased)</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>Yesdon't No.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mary Waggoner</b>	ADDRESS <b>Elsberry Mo.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of Stomach</b>		
	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. <b>Myocarditis</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>151X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>2</b>
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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?
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22. I hereby certify that I attended the deceased from **1946**, to **Feb 16, 1957**, that I last saw the deceased alive on **2-16**, 1957, and that death occurred at **2:00A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>L.H. Callaway D.O.</b>	(Degree or title)	23b. ADDRESS <b>Elsberry Mo</b>	23c. DATE SIGNED <b>2-18-57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2/19/1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Star Hope Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>near Elsberry, Lincoln, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>2/25/57</b>	REGISTRAR'S SIGNATURE <b>Mrs. Clarence Kintz</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Clifton Miller - Elsberry</b>	ADDRESS <b>Elsberry</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 Feb. 17-1957, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Clifton Miller  
Licensed Embalmer No. 33

P. O. Address Elaberry

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.