

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

**58-017507**  
STATE FILE NUMBER

Health,  
Welfare  
Public  
Service

300  
1-56

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUN 2 1958		Registration District No. <u>53</u>		Primary Registration District No. _____		Registrar's No. <u>325</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kentucky</u> b. COUNTY <u>Ballard</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Blandville</u> <u>8160</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hospt. 15 Mins.</u>			Length of stay in 1b _____	d. STREET ADDRESS (If outside, give location) <u>R.F.D.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Sidney</u> Middle <u>C.</u> Last <u>Lovelace</u>				4. DATE OF DEATH Month <u>May</u> Day <u>15</u> Year <u>1958</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb. 12, 1906</u>		9. AGE (In years last birthday) <u>52</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Logger</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Logging</u>		11. BIRTHPLACE (City and state or country) <u>Blandville, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Caleb Lovelace</u>				14. MOTHER'S MAIDEN NAME <u>Lucy Jenkins</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>403-14-8490</u>		17. INFORMANT <u>Ruby Lovelace</u> Address <u>Blandville, Kentucky</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>SHOCK -</u>							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>INTERNAL HEMORRHAGE</u>		DUE TO (c) <u>ACCIDENT (LOG FELL ON PT.)</u>		2 HRS.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>9103</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>LOG FELL ACROSS PTS. ABDOMIN WHILE HE WAS LOADING A LOG TRUCK -</u>						
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>LOG CAMP</u>		20e. CITY, TOWN, OR LOCATION <u>Blandville</u>		20f. COUNTY <u>Ballard KY.</u>	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>LOG CAMP</u>		20f. CITY, TOWN, OR LOCATION <u>Blandville</u>		20g. COUNTY <u>Ballard KY.</u>	
21. I attended the deceased from _____ to _____ and last saw <sup>he</sup> <sub>him</sub> alive on _____ Death occurred at <u>9:45 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>G. H. Schaefer M.D. Coroner</u>				22b. ADDRESS <u>Cape Girardeau</u>		22c. DATE SIGNED <u>5/17/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5/18/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Blandville</u>		23d. LOCATION (City, town, or county) (State) <u>Blandville, Kentucky</u>		
24. GENERAL DIRECTOR <u>Edwards W. Ruffin</u> ADDRESS <u>2501 Poplar St. Cairo, Illinois</u>			25. DATE RECD. BY LOCAL REG. <u>May 23, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Mr. Homer C. Cooper</u>		

JUN 6 1958

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.....

*Edward H. Ruffin*

Licensed Embalmer No. 502  
2501 Poplar Street  
P. O. Address Cairo, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.