

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033539

STATE FILE NUMBER

FILED SEP 22 1958

Registration District No. 212 Primary Registration District No. 3044 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Eldon		c. CITY OR TOWN Eldon	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 439 E. 3rd		d. STREET ADDRESS (If outside, give location) 439 E. 3rd	
3. NAME OF DECEASED (Type or print) First Middle Last FRANCIS MARION LOVING			4. DATE OF DEATH Month Day Year Aug. 28, 1958
5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 29, 1883
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Restaurant Op.		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Month Days Hours Min. 11 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Restaurant Op.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Moniteau C., Mo.
13a. FATHER'S NAME James Loving		13b. MOTHER'S MAIDEN NAME Louis Scott	12. CITIZEN OF WHAT COUNTRY? USA
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Floyd Loving Address Eldon, Mo.
18. CAUSE OF DEATH (Enter only one cause per life for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Senility Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Vascular changes. DUE TO (c) Arteriosclerosis			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input 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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1952 to Aug 28 1958. I last saw her alive on Aug 27 1958. Death occurred at 9: A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. O. Shelton M.D.		22b. ADDRESS Eldon, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug. 30, 1958	
23c. NAME OF CEMETERY OR CREMATORY Eldon		23d. LOCATION (City, town, or county) Eldon Mo.	
24. FUNERAL DIRECTOR Louis D. Phillips		25. DATE RECD. BY LOCAL REG. Aug. 29, '58	
26. REGISTRAR'S SIGNATURE Alvaretta Walt			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

RECEIVED

SEP 17 '58

Miller County
Health Department

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 *Louis D. Phillips*

Licensed Embalmer No.....3663.....
P. O. Address.....Eldon.....

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.