

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043378
STATE FILE NUMBER

FILED JAN 8 1959 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 714

5. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Butler			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Poplar Bluff Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lucy Lee Hospital Length of stay in 1b 32 Days		d. STREET ADDRESS (If outside, give location) 611 North D. St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last Edward Claude Lovelace			4. DATE OF DEATH Month Day Year Dec. 15 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 25 1902		
9. AGE (In years last birthday) 56 MONTHS 4 DAYS 20		10. USUAL OCCUPATION (Give kind of work done during most of waking life, even if retired) Lumbering			
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Greenville, Mo.			
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME George Lovelace			
13b. MOTHER'S MAIDEN NAME Bertha Foster		14. NAME OF HUSBAND OR WIFE Lauretta Ruble			
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. 497-05-3905			
17. INFORMANT Mrs. Lauretta Lovelace Address 611 N. D. St. Poplar Bluffs, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia, Lobar, bilateral, acute, fulminating Complicating Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Postoperative Subtotal Gastrectomy & Gastro-jejunosomy, DUE TO (c) Ulcer, Duodenum with Massive Hemorrhage. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None		INTERVAL BETWEEN ONSET AND DEATH 6 hours 27 days 8 months	
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 a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <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 11/16/58 to 12/15/58 and last saw her/him alive on 12/15/58 Death occurred at 10:10 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) A. L. May, Jr., M.D.			
22b. ADDRESS 330 N. 2nd St. - Poplar Bluff, Mo.		22c. DATE SIGNED 12/22/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-17-58			
23c. NAME OF CEMETERY OR CREMATORY ME View Cem.		23d. LOCATION (City, town, or county) (State) Des Arc Mo.			
24. FUNERAL DIRECTOR William Coder ADDRESS Piedmont Mo.		25. DATE RECD. BY LOCAL REG. 12/27/58			
26. REGISTRAR'S SIGNATURE W. H. Kuehne					

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 Coder Funeral Home, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Belmont, TX

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.