

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020628
State File No.

FILED JUN 23 1959

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 214

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. LENGTH OF STAY (In this place) <u>4 days</u>	c. CITY OR TOWN <u>Cape Girardeau</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		f. STREET ADDRESS (If rural, give location) <u>1325 N.E. End Blvd.</u> 0164	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dr. Virgil Andrew</u> b. (Middle) <u>Lovelace</u> c. (Last) <u>Lovelace</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June -11 - 1959</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 25, 1880</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Doctor, M.D.</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Lovelace, Ky.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Virgil Steward Lovelace</u>	13b. MOTHER'S MAIDEN NAME <u>Mollie Hooker</u>	14. NAME OF HUSBAND OR WIFE <u>Etta P. Lovelace</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>No.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Etta P. Lovelace</u> ADDRESS <u>Cape Girardeau Mo. 1325 N.E. End Blvd</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular accident</u>		
	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. <u>atrial fibrillation</u>		?	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about Shop, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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 June 7-59, 19, to June 11, 19 59, that I last saw the deceased alive on 6-11-59, 1959, and that death occurred at 7:25 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) of <u>Charles F. Wilson MD</u>	23b. ADDRESS <u>714 Broadway Cape Girardeau Mo</u>	23c. DATE SIGNED <u>6-13-59</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6/14/59</u>	24c. NAME OF CEMETERY OR CREMATOR <u>Lovelace Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lovelaceville- Ky.</u>
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DATE REC'D BY LOCAL REG. <u>6-18-1959</u>	REGISTRAR'S SIGNATURE <u>Drew Kasten</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed Hedgcock</u> ADDRESS <u>New Madrid Mo.</u>
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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.....
Signature of Student Embalmer

Signed *L. B. Hedgepeth*

Licensed Embalmer No. *3803*

P. O. Address *New Madrid*

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.