S. No. 300
Rev. 10-48

FILED DEC 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40475

BIRTH NO. 80101-50 REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 39

0422

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clinton
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wetzel Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Henry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clinton
d. STREET ADDRESS (If rural, give location):

0422

3. NAME OF DECEASED (Type or Print): a. (First) Ruth b. (Middle) Ann c. (Last) Lovewell
4. DATE OF DEATH (Month) (Day) (Year): 12-10-1950
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 12-1-1950
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 9 IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Clinton Missouri
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Harvey Lovewell
13b. MOTHER'S MAIDEN NAME: Opal Tandy
14. NAME OF HUSBAND OR WIFE: ----
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Harvey Lovewell Osceola Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Surgery performed for large 3" Umbilical Hernia with
DUE TO (c) Protrusion of Bowel

INTERVAL BETWEEN ONSET AND DEATH: 1 day

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

5612

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1, 1950 to 12/10, 1950, that I last saw the deceased alive on 12/9, 1950, and that death occurred at 11:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): R. Mark Todd. DO-2
23b. ADDRESS: Osceola, Mo.
23c. DATE SIGNED: 12/10/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/18/1950
24c. NAME OF CEMETERY OR CREMATORY: Osceola
24d. LOCATION (City, town, or county) (State): Osceola Cemetery

DATE REC'D BY LOCAL REG.: Dec-8-1950
REGISTRAR'S SIGNATURE: Florence Adair 422
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: F B Gulrich Osceola Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 12-18-50
DISTRICT HEALTH OFFICE No. 3
District File Number__________
Date Filed 12-18-50

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 ....
Student Embalmer

Signed F. B. Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola Mo

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 this body is not embalmed, fact should be so stated above.