

FILED APR 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13468

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 1022 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond</u> d. STREET ADDRESS (If rural, give location) <u>416 South Shaw</u>	
b. CITY OR TOWN <u>Richmond</u>		c. LENGTH OF STAY (in this place) <u>9 mos</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ray County Home</u>		e. STREET ADDRESS <u>416 South Shaw</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>SARAH</u>	b. (Middle) <u>ALICE</u>	c. (Last) <u>WOOD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 15 1949</u>
-------------------------------------	-------------------------	--------------------------	-----------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>March 18, 1867</u>	9. AGE (In years last birthday) <u>82</u>	if UNDER 1 YEAR Months <u>0</u> Days <u>27</u>	if UNDER 24 HRS. Hours <u></u> Min. <u></u>
----------------------	-------------------------------	---	--	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	11. BIRTHPLACE (State or foreign country) <u>Ray County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	--

13a. FATHER'S NAME <u>David Lovell</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Jac Selby Lovell</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jac Selby Lovell</u> ADDRESS <u>Richmond, Missouri</u>
--	-------------------------------------	---

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Branches - pneumonia 3 days</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>422</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
---	--	----------------------------------

22. I hereby certify that I attended the deceased from April 16, 1949 to April 15, 1949, that I last saw the deceased alive on 4-15-1949 and that death occurred at 10:33 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>S. B. Jay, M.D.</u> (Degree or title)	23b. ADDRESS <u>Richmond</u>	23c. DATE SIGNED <u>4-18-49</u>
---	------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 17, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sumner Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Richmond Missouri</u>
---	---------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>April 20, 1949</u>	REGISTRAR'S SIGNATURE <u>Mabel Jackson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>West-Lite Funeral Home</u> ADDRESS <u>Richmond, Mo.</u>
--	--	---

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

RECEIVED

District Health Officer No. 8,
District File Number _____

Date Filed 4-25-49

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 *George Hill*
.....

Licensed Embalmer No. 4066

P. O. Address Richmond, Va.

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.