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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20386

FILED JUL 9 1948

Registration District No. 28a

Primary Registration District No. 5967

Registrar's No. 114

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Weston *Weston*

(c) Name of hospital or institution: no

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: no (Specify whether)

In this community 20 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte 83

(c) City or town Weston (If outside city or town limits, write "RURAL") /

(d) Street No. 0 (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Edwin Ray Loving

3. (b) If veteran, name war XX

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1948 hour 8 minute 30 M.

21. I hereby certify that I attended the deceased from June
10 1948, to June 14 1948

that I last saw him alive on June 14 1948
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife: no

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: March 20 1923
(Month) (Day) (Year)

Immediate cause of death: Diabetic coma Duration 4 days

Due to: Diabetes mellitus 5 yrs

Due to: XXXXX

8. AGE: Years Months Days If less than one day

25 2 25 hr. min.

Other conditions: Alcoholism Alcoholism
(Include pregnancy within 5 months of death)

9. Birthplace: Bartlesville Okl.
(City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

Major findings: Of operations: None

Of autopsy: None (a)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name William J. Loving

{ 13. Birthplace Omsborn Kansas
(City, town, or county) (State or foreign country)

{ 14. Maiden name Myrtle Chambers

{ 15. Birthplace unknown Kansas
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) XXXX

(b) Date of occurrence: XXXX

(c) Where did injury occur? XXXX (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? XXXX

While at work? XXX (Specify type of place) (e) Means of injury: XXX

23. Signature: Lewis C. Gilbert (M. D. or other) _____
Address: Weston Missouri Date signed: 6/16/48

16. (a) Informant William J. Loving

(b) Address Weston, Missouri

17. (a) Burial (b) Date thereof: June 16-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graceland Cemetery

18. (a) Signature of funeral director: Vaughn Funeral Home

(b) Address Weston, Missouri

19. (a) June 20-48 (b) R. P. Ralston
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-8-48

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed W. P. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, Ms.

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.