

FILED AUG. 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26159

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 878

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>11 years</u>		d. STREET ADDRESS (If rural, give location) <u>2931 Forest Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #2.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertha</u>	b. (Middle) <u>Adell</u>	c. (Last) <u>Loving</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 9 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>May 19 1875</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 6 WKS. Hours Min.
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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>At home</u>	11. BIRTHPLACE (State or foreign country) <u>Hardin County, Iowa,</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>George Willits</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Ann Wiltfong</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas Loving</u>
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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 ADDRESS <u>Mrs. Audery Rayborn Kansas City, Mo.</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>suddenly</u>  <u>33ix</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis, 10 yrs</u> DUE TO (c) <u>Psychotic psychosis, 11 yrs</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

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)	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 Nov 15, 1948, to 8-9, 1949, that I last saw the deceased alive on 8-9, 1949, and that death occurred at 10<sup>20</sup>P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>O. E. Garrison M.D.</u>	23b. ADDRESS <u>State Hospital #2</u>	23c. DATE SIGNED <u>8-10-1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>August 14, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Alvavista Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Weatherby, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Aug 16, 1949</u>	REGISTRAR'S SIGNATURE <u>G. B. Jenkins 382</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Halter Meierhoff 1046 Colhoun St. St. Joseph, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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\*\*\*\*\*

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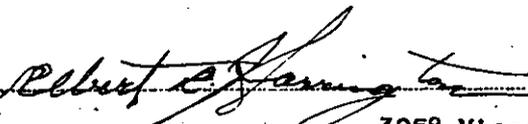
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Student Embalmer No.

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working under my personal supervision.

Signed



Signed

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Student Embalmer

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.