

FILED MAR 15 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5104

State File No. ....

3127

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Webb City</b> )	c. LENGTH OF STAY (in this place) <b>53 Years</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Webb City</b> <b>6492</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>303 N. Walker St.</b>		d. STREET ADDRESS (If rural, give location) <b>303 N. Walker St.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Ualyssee</b>	b. (Middle) <b>Sherman</b>	c. (Last) <b>Lovell</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 3, 1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 3, 1864</b>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <b>86 6 0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Miner</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Lead &amp; Zinc Mines</b>	11. BIRTHPLACE (State or foreign country) <b>Sheridan, Ind.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Steve Lovell</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Georgia Lovell (Deceased)</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>W.R. Lovell</b>	ADDRESS <b>303 N. Walker, Webb City Mo</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION.		INTERVAL BETWEEN ONSET AND DEATH <b>10 years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>myocarditis chronic</b>		
	ANTECEDENT CAUSES Morbidity 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.		<b>6/222</b>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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 10-10, 1950, to 3-3, 1951, that I last saw the deceased alive on 2-3, 1951, and that death occurred at 1:50A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W.R. Lovell</b>	23b. ADDRESS <b>10-0 Webb City Mo</b>	23c. DATE SIGNED <b>3/5/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>March 6, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Carthage, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Mar 5-51</b>	REGISTRAR'S SIGNATURE <b>J. L. ...</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Johnston-Arnce-Simpson</b>	ADDRESS <b>Webb City, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-13-51  
Deer County Health Office

County File Number 51-2-197

Date Filed 3-13-51

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Clayton M. Johnston

Signed.....  
Student Embalmer

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.