

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12672
1797

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</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 OR TOWN <u>Kansas City</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>443 Smalley</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>			

3. NAME OF DECEASED a. (First) <u>Richard</u>		b. (Middle) _____		c. (Last) <u>Lovelace</u>		4. DATE OF DEATH (Month) <u>4</u> (Day) <u>23</u> (Year) <u>51</u>	
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>3-12-1887</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Butcher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>meat</u>	11. BIRTHPLACE (State or foreign country) <u>Blue Springs Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Elijah Lovelace</u>	13b. MOTHER'S MAIDEN NAME <u>Sophia Davis</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wm I Lovelace</u>	ADDRESS <u>3507 Paris K.C. 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>177</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized carcinomatosis primary in prostate</u>		
	ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE OR 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 April 21, 1951, to April 23, 1951, that I last saw the deceased alive on April 23, 1951, and that death occurred at 2:55 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>B.I. Burns</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>24th & Cherry</u>	23c. DATE SIGNED <u>4-24-51</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/25/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Leis Summit</u>	24d. LOCATION (City, town, or county) (State) <u>Leis Summit Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-25-51</u>	REGISTRAR'S SIGNATURE <u>Leraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.B. Langford</u>	ADDRESS <u>Leis Summit Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

A. Macdonnell

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..... *H. B. Langford*

Licensed Embalmer No. *3833*

P. O. Address..... *West Sum*

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.