

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40740

State File No.

FILED DEC 31 1951

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1334

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1008 S. 11th St.		d. STREET ADDRESS 1008 S. 11th St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Jesse	b. (Middle) W.	c. (Last) Lovett	4. DATE OF DEATH (Month) (Day) (Year) December 26, 1951
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH October 26, 1857	9. AGE (In years last birthday) 94	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 most of working life, even if retired) ret. farmer	10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (State or foreign country) Macon County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Joshua Lovett	13b. MOTHER'S MAIDEN NAME Lucinda Harmon	14. NAME OF HUSBAND OR WIFE Sabrey Lovett
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Violet Graham	ADDRESS 1008 S. 11th St. St. Joseph, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GASTRIC HEMORRHAGE		INTERVAL BETWEEN ONSET AND DEATH 36 HOURS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) GASTRIC ULCER PROBABLE?		UNKNOWN
	DUE TO (c) GASTRIC CARCINOMA		UNKNOWN
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ARTERIO SCLEROSIS			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 5400	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 12-26, 1951, to 12-26, 1951, that I last saw the deceased alive on 12-26, 1951, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Orville Hanson</i>	(Degree or title) MD.	23b. ADDRESS St. Joseph MO	23c. DATE SIGNED 12-27-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 12/27/1951	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Eagleville Missouri
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DATE REC'D BY LOCAL REG. Dec. 28, 1951	REGISTRAR'S SIGNATURE <i>Carl C. Carter</i>	4465	25. FUNERAL DIRECTOR'S SIGNATURE <i>Newton Brown</i>	ADDRESS St. Joseph, Mo.
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Dr. Dawson

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 *James P. Hawkins*

Signed.....
Student Embalmer

Licensed Embalmer No. 4536

P. O. Address 319 South 10th St. St. Louis

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.