

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37615

State File No. _____

FILED NOV 17 1952
BIRTH NO. 58312 REG. DIST. NO. 20 PRIMARY REG. DIST. NO. 5081 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY Bates.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Bates.	
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural E. Boone Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR Present Temporary Res. 16 Haney St. Kansas City, Kan.	
c. LENGTH OF STAY (in this place) 2 wks.		d. STREET ADDRESS (If rural, give location) Home, 15 Haney St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Not in hospital. Country			

3. NAME OF DECEASED (Type or Print) a. (First) Judy b. (Middle) Lynne c. (Last) Loveland.			4. DATE OF DEATH (Month) (Day) (Year) Nov. 9th, 1952.
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5. SEX Female	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single.	8. DATE OF BIRTH Sep. 16, 1952	9. AGE (In years last birthday) 0 IF UNDER 1 YEAR Months 1 Days 0 IF UNDER 2 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None.	10b. KIND OF BUSINESS OR INDUSTRY None.	11. BIRTHPLACE (State or foreign country) E. Boone Twp. Bates Co. Mo. U.S.A.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Fred L. Loveland.	13b. MOTHER'S MAIDEN NAME Rosalee Burch.	14. NAME OF HUSBAND OR WIFE None.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None.	17. INFORMANT'S SIGNATURE OR NAME Fred L. Loveland, Drexel, Mo.	ADDRESS 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) mucus inspiration		
	DUE TO (c) Bilateral Bronchitis		
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 501x	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) (Min.)	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 9/16/52, 19 , to 11/9/52, 19 , that I last saw the deceased alive on 11/7/52, 19 , and that death occurred at 4 a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C.W. Marsh D.O.	23b. ADDRESS Drexel, Missouri.	23c. DATE SIGNED 11/10/52.
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/10/52.	24c. NAME OF CEMETERY OR CREMATORY Sharon Cemetery	24d. LOCATION (City, town, or county) (State) Drexel, Mo.
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DATE REC'D BY LOCAL REG. 11/10/52.	REGISTRAR'S SIGNATURE Myra Owens	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Drexel, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

S. No. 300
V. 10.48

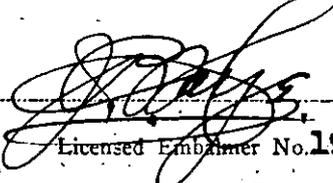
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~XXXXXXXX~~ ^{not}

working under ~~MY PERSONAL SUPERVISION~~ ~~XXXXXXXXXXXXXXXXXXXX~~

Student
Student Embalmer

Signed  J.B. Hays.
Licensed Embalmer No. 1950

P. O. Address Drexel, 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.