

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6888

State File No. 713

No. 300
10.48

FILED FEB 27 1953

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 713

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 OR TOWN <u>KANSAS CITY</u>	c. LENGTH OF STAY (in this place) <u>3 4 YRS.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6645 LOCUST STREET</u>		d. STREET ADDRESS (If rural, give location) <u>6645 LOCUST STREET</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>OWEN</u> b. (Middle) <u>HARRISON</u> c. (Last) <u>LOVEJOY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 1, 1953</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG. 1, 1888</u>	
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>4</u>	IF UNDER 12 HRS. Hours <u>6</u> Min. <u>4</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TEACHER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PASEO HIGH SCHOOL</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ATWOOD, KANSAS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>				

13a. FATHER'S NAME <u>JAMES O. LOVEJOY</u>	13b. MOTHER'S MAIDEN NAME <u>LOVE CRAFT</u>	14. NAME OF HUSBAND OR WIFE <u>KATHRYN LOVEJOY</u>	
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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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. KATHRYN LOVEJOY, 6645 LOCUST STR. KCMO</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arterio sclerotic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 years.</u>
ANTECEDENT CAUSES Morbid 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.	<u>420</u>		

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)	
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?	

22. I hereby certify that I attended the deceased from 31 Jan., 1952, to 25 Feb., 1953, that I last saw the deceased alive on 23 Jan., 1953, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Blaine Z. Hibbard</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>411 Nichol Rd. KCMO</u>	23c. DATE SIGNED <u>2 Feb 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB-3-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GREENLAWN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>2-3-53</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>DW Thompson</u> ADDRESS <u>1331 Grand, Kansas City 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.....

..... Student Embalmer No.

..... working under my personal supervision.

Student
Student Embalmer

Signed.....

Robert Ray

Licensed Embalmer No. *4183*

P. O. Address *Kansas 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.