

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27807

State File No.

FILED SEP 8 - 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 945

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

1. PLACE OF DEATH a. COUNTY <u>Wichitanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Round City-Rural</u>	
c. LENGTH OF STAY (in this place) <u>1946 to 1953</u>		d. STREET ADDRESS (If rural, give location) <u>Rural 0440</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 2</u>			

3. NAME OF DECEASED (Type or Print) <u>William</u>	a. (First)	b. (Middle)	c. (Last) <u>Lovelady</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8 30 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>12-3-1869</u>	9. AGE (In years last birthday) <u>83</u>	10. MONTHS <u>8</u>	11. DAYS <u>27</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming general</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>general</u>	11. BIRTHPLACE (State or foreign country) <u>Holt County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>America</u>
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13a. FATHER'S NAME <u>Andrew Jackson Lovelady</u>	13b. MOTHER'S MAIDEN NAME <u>Vina Pollock</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>Nil</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Jack Kiekie</u>	ADDRESS <u>Round City 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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the bladder</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 or 4 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		<u>20 years</u>
	DUE TO (c) <u>Psychotic</u>		<u>19 yrs +</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>181X</u>	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) (Minute)	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 8-29, 1953 to 8-30, 1953, that I last saw the deceased alive on 8-29, 1953, and that death occurred at 4:30am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. A. Allison M.D.</u>	23b. ADDRESS <u>State Hospital # 2</u>	23c. DATE SIGNED <u>8-30-1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8-30-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland Co</u>	24d. LOCATION (City, town, or county) (State) <u>Highland, Kansas</u>
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DATE REC'D BY LOCAL REG <u>Sept 2, 1953</u>	REGISTRAR'S SIGNATURE <u>Walter M. Allison</u>	495	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stoney Funeral Home</u>	ADDRESS <u>St. Joseph, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....

John Roy Clancy

Signed.....
Student Embalmer

Licensed Embalmer No. *2435*

P. O. Address *St Joseph*

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.