

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28729**
4239

FILED SEP 15 1953

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 2 months	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1607 Topping Avenue		e. STREET ADDRESS (If rural, give location) 1607 Topping Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) Robert		b. (Middle) Eugene		c. (Last) Lovelace		4. DATE OF DEATH (Month) (Day) (Year) August 27 1953		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Feb. 26, 1916		9. AGE (In years last birthday) 37		10. UNDER 1 YEAR Months 0		11. UNDER 18 HRS. Days 0		12. UNDER 18 MIN. Hours 0		13. UNDER 18 MIN. Minutes 0	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY P.H.D. Univ. of Maryland		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
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13a. FATHER'S NAME George Lovelace			13b. MOTHER'S MAIDEN NAME Emma Wright			14. NAME OF HUSBAND OR WIFE Never Married					
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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. —		17. INFORMANT'S SIGNATURE, OR NAME AND ADDRESS G. W. Lovelace 1607 Topping Avenue Kansas City, Missouri					
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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) Seminoma R testes & abdominal and cerebral metastases						INTERVAL BETWEEN ONSET AND DEATH 10 months			
		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.						178			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Seminoma R Testes						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) (m.)		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 8-14, 1953, to 8-27, 1953, that I last saw the deceased alive on 8-27, 1953, and that death occurred at 6:05 P.m., from the causes and on the date stated above.

23a. SIGNATURE Richard W. Gunn		(Degree or title) MD and D.		23b. ADDRESS 6280 Truman Rd. Kansas City, Mo.		23c. DATE SIGNED 8-28-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 8-29-53		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
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DATE REC'D BY LOCAL REG. 8-29-53		REGISTRAR'S SIGNATURE Sheraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS DW Newspapers Sons Kansas City Mo			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1950

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.....
Signature of Student Embalmer

Signed *Robert A. Boyer*.....

Licensed Embalmer No. *48*.....

P. O. Address *K.C. 10*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.