

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31869**
Registrar's No. **4317**

REL SEP 24 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001

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) TOWNKANSAS CITY		c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 35 YEARS		e. STREET ADDRESS (If rural, give location) 3431 WOODLAND AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3431 WOODLAND AVENUE		f. STREET ADDRESS 3431 WOODLAND AVENUE	

3. NAME OF DECEASED a. (First) HUBERT b. (Middle) ROBINSON c. (Last) LOVING		4. DATE OF DEATH AUGUST 30, 1953	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCTOBER 24, 1908
9. AGE (In years last birthday) 44		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST	11. BIRTHPLACE (City and State or Foreign Country) BENSONVILLE, ARKANSAS
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME HUBERT O. LOVING	

13b. MOTHER'S MAIDEN NAME LENA ROBINSON		14. NAME OF HUSBAND OR WIFE HELENA LOVING	
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. 709-16-8594	
17. INFORMANT'S SIGNATURE OR NAME K.C. Mo. Mrs. Helena Loving-3431 Woodland Avenue			

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma		INTERVAL BETWEEN ONSET AND DEATH 7 months	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastases throughout body		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		10-X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		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 1951, to 8-30, 1953, that I last saw the deceased alive on 8-29, 1953, and that death occurred at 11:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE HARRY K. GOKEN (Degree of title) M.D.		23b. ADDRESS 318 Angyle Blvd		23c. DATE SIGNED 8-31-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT-2-1953		24c. NAME OF CEMETERY OR CREMATORY GREEN LAWN CEMETERY LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 9-2-53		REGISTRAR'S SIGNATURE Staldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE D.H. Newcomer ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	

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.....
Signature of Student Embalmer

Signed

Rosert M. Boyer

Licensed Embalmer No. *4892*

P. O. Address *K.C. 10, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.