

BIRTH NO. REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 30

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 name of town) Washington, Twnshp. (Rural)		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) One day		e. STREET ADDRESS (If rural, give location) 4415 East 20th St. 2238	
d. FULL NAME OF HOSPITAL OR INSTITUTION 112th St. and 171 Highway			

3. NAME OF DECEASED (Type or Print) ADOLPH	a. (First) L.	b. (Middle) LOVAELL	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) June 8 54
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5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 25, 1902	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 1 MIN. Hours	Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant	10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (City and State or Foreign Country) Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Frank Lovaeall	13b. MOTHER'S MAIDEN NAME Melvana Baker	14. NAME OF HUSBAND OR WIFE Ann L. Lovaeall
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 510-09-4068	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ann L. Lovaeall	ADDRESS 4415 E. 20th, K. C. 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs 6 hrs 7 yrs 20 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis DUE TO (c) essential hypertension		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	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)	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 18 Jan, 1954, to 8 June, 1954 that I last saw the deceased alive on 13 June, 1954 and that death occurred at 7:20 P.m., from the causes and on the date stated above.

23a. SIGNATURE Jean B. Dilloughby (Degree or title)	23b. ADDRESS 1072 1/2 Bldg K.C. Mo.	23c. DATE SIGNED 9 June 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6/11/54	24c. NAME OF CEMETERY OR CREMATORY OAK HILL	24d. LOCATION (City, town, or county) (State) Atchison, Kansas
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DATE REC'D BY LOCAL REG. 6/9/54	REGISTRAR'S SIGNATURE (Sealing Goodard) 498-	25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO.	ADDRESS K.C. MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

