

FILED AUG 31 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5302 State File No. 26652

BIRTH NO. _____ REG. DIST. NO. 76 PRIMARY REG. DIST. NO. 3502 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Cole</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Clark Twp.</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		n <u>264</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R 2 - Jefferson City Ho.</u>			d. STREET ADDRESS (If rural, give location) <u>625 Ohio St.</u>		

3. NAME OF DECEASED (Type or Print) <u>Joseph Wayne Loveall</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 22, 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>July 25, 1946</u>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.) <u>8 0 27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Earl Loveall</u>		13b. MOTHER'S MAIDEN NAME <u>Rita Jansen</u>		14. NAME OF HUSBAND OR WIFE <u>--</u>	
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>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Earl Loveall Jefferson City, Mo.</u>	

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>Crushing injury Chest</u> <u>Due to Trauma</u> DUE TO (b) <u>E9121</u> <u>3</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
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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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Brazito Cole MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-22-1954 8:15</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Farm Tractor Turned over on hip</u>	

22. I hereby certify that I attended the deceased from 8/22, 1954, to 8/22, 1954, that I last saw the deceased alive on 8-22, 1954, and that death occurred at 0:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE acting coroner (Degree or title) <u>Dr. J. Markham</u>		23b. ADDRESS <u>Jefferson City Mo</u>		23c. DATE SIGNED <u>8-23-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 24, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>August 30-54</u>		REGISTRAR'S SIGNATURE <u>Mrs. T. L. Glover</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Udo Buschu Jefferson City Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.480260
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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

Victor Buescher

Licensed Embalmer No. *3201*

P. O. Address *Jefferson 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.