

FILED SEP 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29943

State File No.

BIRTH NO.		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>373</u>	
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN			c. LENGTH OF STAY (In this place) 1 WEEK			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL				d. STREET ADDRESS (If rural, give location) 2440 NASHVILLE AVE.			
3. NAME OF DECEASED (Type or Print) a. (First) ETTA		b. (Middle) JANE		c. (Last) LOVELL		4. DATE OF DEATH (Month) (Day) (Year) SEPT. 6, 1955	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH NOV. 5, 1890	
9. AGE (In years last birthday) 64 6/5		IF UNDER 1 YEAR Months Days		IF UNDER 6 HRS. Hours Min.		11. BIRTHPLACE (State or foreign country) MANSFIELD, MISSOURI	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE				10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME WILLIAM YOUNG			13b. MOTHER'S MAIDEN NAME ALICE JACKSON			14. NAME OF HUSBAND OR WIFE ALFRED LOVELL	
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 ADDRESS ALFRED LOVELL, 2440 NASHVILLE AVE.			
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) Rupture of Myocardium ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ventricular tachycardia Auricular fibrillation Diabetes mellitus.					INTERVAL BETWEEN ONSET AND DEATH instant 7 days 5 days.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1201					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 3-16-54 , 19___, to 9-6-55 , 19___, that I last saw the deceased alive on 9-6 , 19 55 , and that death occurred at ___ P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Wm. S. Parker M.D.				23b. ADDRESS Webb City, Mo.		23c. DATE SIGNED 9-8-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-9-55	24c. NAME OF CEMETERY OR CREMATORY OSBORNE MEMORIAL		24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI		
DATE REC'D BY LOCAL REG. 9-12-55		REGISTRAR'S SIGNATURE Wm. S. Parker		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.			

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

County File Number 25-170
Date Filed SEP 19 1955

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

F. M. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address *Joplin 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.