

FILED OCT 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **33372****4142**

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) Kansas City		c. LENGTH OF STAY (in this place) 60 yrs.		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"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2438 Monroe				STREET ADDRESS (If rural, give location) 2438 Monroe					
3. NAME OF DECEASED (Type or Print) a. (First) CLAUDE		b. (Middle) ---		c. (Last) LOVELL		4. DATE OF DEATH (Month) (Day) (Year) Sept. 22, 1955			
5. SEX <input type="radio"/> Male <input checked="" type="radio"/> Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 26, 1884			
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months --- Days ---		IF UNDER 24 HRS. Hours --- Min. ---					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brewery Truck Driver			10b. KIND OF BUSINESS OR INDUSTRY Goetz Brewery			11. BIRTHPLACE (City and State or Foreign Country) Liberty, Nebraska			
12. CITIZEN OF WHAT COUNTRY? USA									
13a. FATHER'S NAME Thomas Lovell			13b. MOTHER'S MAIDEN NAME Cynthiana McLeod			14. NAME OF HUSBAND OR WIFE Mrs. Ella May 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. 486-07-7097		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ella May Lovell-wife-2438 Monroe					
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) Carcinoma of Lung (m.m.o.) 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.				INTERVAL BETWEEN ONSET AND DEATH 163 1/2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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 3-9-53 , 19___, to 9-22 , 19 55 , that I last saw the deceased alive on 9-22 , 19 55 , and that death occurred at 5:15AM , from the causes and on the date stated above.									
23a. SIGNATURE Jack C. Vincent (Degree or title)				23b. ADDRESS 701 E 63 KC Mo		23c. DATE SIGNED 9-23-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/24/55		24c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri			
DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 9-24-55 Neva Minshall				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS QUIRK & TOBIN-20 W. Linwood, K.C. Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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 *Forrest D. Coldsmow*

Licensed Embalmer No. *475*

P. O. Address *K. C. Me*

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.