

FILED OCT 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33752

BIRTH NO. 50777-55 REG. DIST. NO. 186 PRIMARY REG. DIST. NO. 2001 Registrar's No. 411

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY OR TOWN <b>JOPLIN</b>		c. CITY OR TOWN <b>JOPLIN</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>104 N. DIVISION</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>ROY</b>		b. (Middle) <b>JEFFERY</b>	
c. (Last) <b>LOVELL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT. 27, 1955</b>	
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>INFANT</b>		8. DATE OF BIRTH <b>AUG. 8, 1955</b>	
9. AGE (In years last birthday) <b>SEVEN</b>		If UNDER 1 YEAR: Months <b>(7)</b> Days <b>0</b>	
If UNDER 24 HRS. Hours <b>0</b> Mins. <b>0</b>		11. BIRTHPLACE (State or foreign country) <b>JOPLIN, MISSOURI</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INFANT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>INFANT</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>ROBERT LOVELL</b>	
13b. MOTHER'S MAIDEN NAME <b>EARLINE JORDAN</b>		14. NAME OF HUSBAND OR WIFE <b>-----</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>INFANT</b>		16. SOCIAL SECURITY NO. <b>NO</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>ROBERT LOVELL, 104 N. DIVISION ST.</b>		ADDRESS <b>-----</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>No operation</b>	
20. AUTOPSY? YES <input checked="" 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) (Min.)		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 <b>9-27</b> , 19 <b>55</b> , to <b>9-27</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>9-27</b> , 19 <b>55</b> , and that death occurred at <b>8:05 P.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Katherine Kell, MD</b> (Degree or title) (If)		23b. ADDRESS <b>410 Jackson, Joplin, Missouri</b>	
23c. DATE SIGNED <b>10-11-55</b>		24a. BURIAL, CREMATION-REMOVAL (Specify) <b>BURIAL</b>	
24b. DATE <b>9-30-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>OZARK MEMORIAL PARK</b>	
24d. LOCATION (City, town, or county) (State) <b>JOPLIN, MISSOURI</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Steve Parker</b>		ADDRESS <b>-----</b>	
DATE REC'D BY LOCAL REG. <b>10-13-55</b>		REGISTRAR'S SIGNATURE <b>Bob S. James</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number GC-1-7-1955  
Date Filed 5-28-55

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.