

300  
48

FILED APR 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12415

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 420

1. PLACE OF DEATH  
a. COUNTY Buchanan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Buchanan

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph

c. CITY OR TOWN St. Joseph

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Idle Hour Nursing Home

e. STREET ADDRESS (If rural, give location) 1302 Bellevue Ave.

3. NAME OF DECEASED (Type or Print)  
a. (First) James b. (Middle) Frank c. (Last) Lovell

4. DATE OF DEATH (Month) (Day) (Year)  
April 12, 1956.

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH December 18, 1872

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plasterer

10b. KIND OF BUSINESS OR INDUSTRY Self employed

11. BIRTHPLACE (City and State or Foreign Country) Andrew County, Missouri.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Frank Lovell

13b. MOTHER'S MAIDEN NAME Anna Milbourn

14. NAME OF HUSBAND OR WIFE Clara E. Lovell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Howard Lovell St. Joseph, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) abscess of lung  
  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Pneumonia  
  
DUE TO (c)  
  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Senility

INTERVAL BETWEEN ONSET AND DEATH  
3 weeks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION  
521x

20. AUTOPSY? YES  NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-21, 1956, to 4-12, 1956, that I last saw the deceased alive on 4-11, 1956, and that death occurred at 3:05P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. E. Pamer M.D.

23b. ADDRESS 423 Main, City

23c. DATE SIGNED 4-14-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Apr. 14, 1956

24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery

24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.

DATE REC'D BY LOCAL REG. Apr 16, 1956

REGISTRAR'S SIGNATURE Kathleen M. Allison  
25. FUNERAL DIRECTOR'S SIGNATURE Meierhoffer - Liberman ADDRESS St. Joseph, Mo.

WRITE PLAINLY—USING 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 *Albert B. Harrington*.....  
Licensed Embalmer No..... 32

P. O. Address St. Joseph,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.