

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4837  
STATE FILE NUMBER  
REGISTRAR'S NO. 412

FILED FEB 18 1957

Registration District No. 149 Primary Registration District No. 1002

|   |                           |   |  |
|---|---------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY JACKSON  |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Mo. b. COUNTY Jackson                                     |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN KANSAS CITY  |                           | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN Kansas City                                    |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR VETERANS ADMINISTRATION INSTITUTION Hospital   |                           | Length of stay in lb. 6 da 45 mo.   | d. STREET ADDRESS (If outside, give location) 603 Strand       |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>EVERETT E (i.o.) LOVELL   |                           |   | 4. DATE OF DEATH<br>Month Day Year<br>January 27, 1957         |
| 5. SEX<br>MALE  | 6. COLOR OR RACE<br>WHITE | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>June 2, 1887                               |
| 9. AGE (In years last birthday)<br>69   |                           | IF UNDER 1 YEAR<br>Months Days Hours Min.   | IF UNDER 24 HRS.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>HOTEL CLERK  |                           | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br>ST CLAIR CO, MO. |
| 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.  |                           | 13. FATHER'S NAME<br>JACOB J. LOVELL  |  |
| 14. MOTHER'S MAIDEN NAME<br>MARGARET C. TUCKER  |                           | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>YES WW I WW I                                   |  |
| 16. SOCIAL SECURITY NO.<br>93-22-1471   |                           | 17. INFORMANT Address<br>Official Records VA Hospital, K.C., Mo   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Arteriosclerosis, with gangrene, both feet.<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)<br>Diabetes Mellitus |                           |   | INTERVAL BETWEEN ONSET AND DEATH<br>4501                       |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                           | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |  |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)<br>2   |                           | 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a. m. p. m.   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                           | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |  |
| 20f. CITY, TOWN, OR LOCATION  |                           | COUNTY STATE  |  |
| 21. // attended the deceased from Jan 21, 1957 to Jan 27, 1957<br>Death occurred at 1:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.  |                           |   |  |
| 22a. SIGNATURE<br>Ralph H. Wood (Degree or title) M.D.  |                           | 22b. ADDRESS<br>VA Hoospital, K.C., Mo.   |  |
| 22c. DATE SIGNED<br>1-27-57   |                           | 23a. BURIAL, CREMATION, REMOVAL (Specify)   |  |
| 23b. DATE<br>1-30-1957  |                           | 23c. NAME OF CEMETERY OR CREMATORY<br>Pleasanton Cem.   |  |
| 23d. LOCATION (City, town, or county) (State)<br>Pleasanton, Kansas   |                           | 24. FUNERAL DIRECTOR<br>D. H. Newcomers Sons N.H.C. Mo.   |  |
| 25. DATE RECD. BY LOCAL REG.<br>1-28-57   |                           | 26. REGISTRAR'S SIGNATURE<br>Neva Marshall  |  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Ralph H. Wood

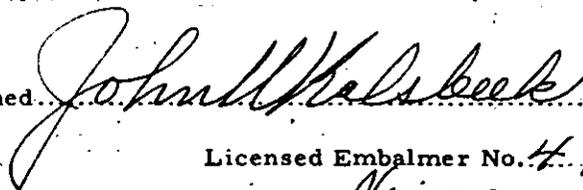
Health, Welfare, Public Service  
300-56  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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.....



Licensed Embalmer No. 49

P. O. Address No. H.C. 16

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.