FILED AUG 30 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28286

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3790

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Downtown Hospital — Length of stay in 1b 2 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Clay
c. CITY OR TOWN Kansas City North — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3705 North Euclid — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Mae Middle B. Last Lovett

4. DATE OF DEATH Month August Day 11, Year 1957

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH July 15, 1888

9. AGE (In years last birthday) 69 — 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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Lebanon, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Eli Riley

14. MOTHER'S MAIDEN NAME Ann Enochs

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 492-28-6568

17. INFORMANT Edward Lovett Address 3705 No. Euclid K.C.16, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) carcinomatosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) etiology unknown

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: several weeks

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) severe anemia

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Bernard L. Mullins M.D.

22b. ADDRESS 1806 Swift St. Noble 16 Mo

22c. DATE SIGNED 8-17-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 8/13/1957

23c. NAME OF CEMETERY OR CREMATORY White Chapel Mem. Grdns.

23d. LOCATION (City, town, or county) (State) Clay County, Missouri

24. FUNERAL DIRECTOR ADDRESS D. W. NEWCOMER'S SONS No. Kansas City Mo.

25. DATE RECD. BY LOCAL REG. 8-13-57

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Bernard L. Mullins

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

KP 2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Glenn H. Hill.....

Licensed Embalmer No....45

P. O. Address ...K. C. 16

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.