

Health,
Welfare
Public
Service

FILED SEP 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32002
STATE FILE NUMBER
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3846

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City
c. FULL NAME OF HOSPITAL OR INSTITUTION General #2		Length of stay in lb 12 yrs.	d. STREET ADDRESS (If outside, give location) 1209 Euclid
3. NAME OF DECEASED (Type or print) First Middle Last Leola Lovejoy		4. DATE OF DEATH Month Day Year August 15 1957	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 16, 1910
9. AGE (In years last birthday) 47 yrs.		IF UNDER 1 YEAR Months Days Hours	IF UNDER 24 HRS. 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) Atchison, Kansas
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Thornton Crockett	13b. MOTHER'S MAIDEN NAME Annie Lee
14. NAME OF HUSBAND OR WIFE Otis Clem Lovejoy		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. No
17. INFORMANT Harold Lovejoy, son		Address 1209 Euclid	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of tongue			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			1417
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? 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.)	
20c. TIME OF INJURY Hour Month, Day, Year 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. I attended the deceased from 8-1-57 to 8-15-57 and last saw her alive on 8-15-57 Death occurred at 7:05 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W.R. Peterson MD</i> (Degree or title)		22b. ADDRESS 600 E. 22nd Street	22c. DATE SIGNED 8-16-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-16-57	23c. NAME OF CEMETERY OR CREMATORY Westlawn	23d. LOCATION (City, town, or county) (State) Kansas City, Kans.
24. FUNERAL DIRECTOR ADDRESS Watkins Bros. Fn. Hm. 18th & Benton		25. DATE RECD. BY LOCAL REG. 8-16-57	26. REGISTRAR'S SIGNATURE <i>Neve Minshall</i>

W.R. Peterson
MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.



NOV 21 1958

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 *Donna R. Watkins*

Licensed Embalmer No. *4504*

P. O. Address *18th & Banc*

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.