

FILED NOV 8 1957

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

36363

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 518

V. S. 300  
 Rev. 1-57

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>Newton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Joplin</b>		c. CITY OR TOWN <b>Joplin Rt# 4</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Freeman Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>Fillmore Bridge Comm</b>	
3. NAME OF DECEASED (Type or print) First <b>Willie</b> Middle <b>Arizona</b> Last <b>LOVELACE</b>		4. DATE OF DEATH Month <b>October</b> Day <b>26</b> Year <b>1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan 26, 1896</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>61</b>
11. BIRTHPLACE (City and state or country) <b>Caddo, Okla.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Ed McQuillian</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Jess Lovelace</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, <del>Unknown</del> ) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Jess Lovelace Rt# 4 Joplin, Missouri</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Oct 9, 1957</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cerebral embolism</b>			<b>Oct 25, 1957</b>
DUE TO (c) <b>Hypertension</b>			<b>1948</b>
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 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.) <b>4201</b>	
20c. TIME OF INJURY Hour 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 <b>Nov 18, 1948</b> to <b>Oct 26, 1957</b> and last saw <sup>her</sup> alive on <b>Oct 26, 1957</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>[Signature]</b> (Deceased or title)		22b. ADDRESS <b>614A Joplin St Joplin, Mo.</b>	22c. DATE SIGNED <b>Oct 29-57</b>
23a. BURIAL, CREMATION, REINURIAL (Specify) <b>Burial</b>	23b. DATE <b>Oct 30, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Osborne Memorial Park</b>	23d. LOCATION (City, town, or county) (State) <b>Joplin, Mo.</b>
24. FUNERAL DIRECTOR <b>Hunter Funeral Home</b> ADDRESS <b>Picher Okla.</b>		25. DATE RECD. BY LOCAL REG. <b>11-4-1957</b>	26. REGISTRAR'S SIGNATURE <b>Dove Merriam</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

County File Number 57-11-918  
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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 *W.E. Haddleton* .....

Licensed Embalmer No. *4770* .....

P. O. Address *Joplin Mo* .....

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.