

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED NOV 20 1957

40464  
5208

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 5208

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>General #2</b>		Length of stay in lb. <b>31 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>1522 Lydia</b> Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Harold</b> Middle <b>Lovejoy</b> Last <b>Lovejoy</b>			4. DATE OF DEATH Month <b>November</b> Day <b>1</b> Year <b>1957</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 4, 1926</b>
9. AGE (In years last birthday) <b>31 yrs.</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Construction</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Kansas city, mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Otis Lovejoy</b>	
13b. MOTHER'S MAIDEN NAME <b>Leola Crockett</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>WILL</b>		16. SOCIAL SECURITY NO. <b>-</b>	
17. INFORMANT <b>Otis Lovejoy, father</b>		Address <b>1522 Lydia</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>Subdural hemorrhage</b> DUE TO (b) <b>trauma (fall).</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <b>E 9049 45</b>
20a. ACCIDENT <input checked="" 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>Patient fell down.</b>	
20c. TIME OF INJURY Hour <b>10-30-57</b> a.m. <b>10-30-57</b> p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Unknown</b>	
20f. CITY, TOWN, OR LOCATION <b>Kansas City</b>		COUNTY <b>Jackson</b> STATE <b>Missouri</b>	
21. I attended the deceased from <b>10-30-57</b> to <b>11-1-57</b> and last saw her alive on <b>11-1-57</b> Death occurred at <b>11:15 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W.R. Peterson M.D.</i> (Degree or title)		22b. ADDRESS <b>600 East 22nd Street</b>	
22c. DATE SIGNED <b>11-5-57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11-9-57</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Westlawn</b>		23d. LOCATION (City, town, or county) (State) <b>Kans. City, Missouri Kans.</b>	
24. FUNERAL DIRECTOR <b>Watkins Brothers Funeral Home</b>		ADDRESS <b>18th &amp; Benton</b>	
25. DATE RECD. BY LOCAL REG. <b>11-6-57</b>		26. REGISTRAR'S SIGNATURE <i>neva Marshall</i>	

(Licensed Embalmer's Statement on Reverse Side)

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.

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



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 *Bruce R. Watkins* .....

Licensed Embalmer No. *45-11* .....

P. O. Address *18th & Benton* .....

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.