

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028981
STATE FILE NUMBER

FILED AUG 18 1958 Registration District No. 143 Primary Registration District No. 4232 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Willow Springs, Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Willow Springs Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JEFF Middle LOVAN Last		4. DATE OF DEATH Aug 7, 1958 Month Aug Day 7 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 19, 1890
9. AGE (In years last birthday) 68		10. KIND OF BUSINESS OR INDUSTRY Farm	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		11. BIRTHPLACE (City and state or country) Hebrone, Missouri	
13. FATHER'S NAME Dr. Johnnie Lovan		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mrs. Irene Lovan Willow Springs, Mo.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Generalized arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4200			INTERVAL BETWEEN ONSET AND DEATH
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 5:00 Month 8 Day 5 Year 1958 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 Willow Springs COUNTY Douglas STATE Missouri	
21. If attended the deceased from 8-1-58 to 8-5-58 and last saw him alive on 8-5-58 Death occurred at 1:00 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M.C. Walton M.D. (Degree or title)		22b. ADDRESS Willow Springs Mo.	
22c. DATE SIGNED 8-8-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/10/58	
23c. NAME OF CEMETERY OR CREMATORY Thornton Cemetery		23d. LOCATION (City, town, or county) (State) Douglas County, Missouri	
24. FUNERAL DIRECTOR Burns Willow Springs, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 8/16/58	
		26. REGISTRAR'S SIGNATURE Marshall Baker	

Health, Welfare, Public Service
8 460
300
1-56
All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
128

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

IF YOU

DATE

TIME

PLACE HERE

PLACE HERE

AUG 10 1958

PREPARE

DATE

TIME

PLACE HERE

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 Fred W. Barnes

Licensed Embalmer No. 4614

P. O. Address Willow Springs

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.