

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044250
STATE FILE NUMBER 5700

FILED DEC 18 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Lee's Summit Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Luke Hospital		Length of stay in 1b 1 Day	
d. STREET ADDRESS 409 Howard St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last Laura Agnes Loveland			4. DATE OF DEATH Month Day Year 11 - 29 - 1958
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 9 1891
9. AGE (In years last birthday) 67		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 Home	11. BIRTHPLACE (City and state or country) Aurora Iowa
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME Frank Myrton	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Lubin H. Loveland (Dec)	
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. None	17. INFORMANT Address Merton Loveland Grain Valley Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Dehydration & Inanition DUE TO (b) Metastatic Carcinoma liver DUE TO (c) Carcinoma of lung & Carcinoma of Breast PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) Pathological Fracture of Rt. Femur			INTERVAL BETWEEN ONSET AND DEATH 1 Wk. 4 Mos. 1 year
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) lowered Rt. foot & leg over edge of bed sustaining Fracture			
20c. TIME OF INJURY Hour Month, Day, Year 11 / 28 / 58		20d. INJURY OCCURRED WHILE AT WORK <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.) In home		20f. CITY, TOWN, OR LOCATION COUNTY STATE Lee's Summit Jackson Mo.	
21. I attended the deceased from 5/1958 to 11-28-58 and last saw ^{her} _{him} alive on 11-28-1958 Death occurred at 11-29-1958 4:05 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Monford D. Durnell M.D.		22b. ADDRESS 18 E. 3rd St. Lee's Summit Mo.	
22c. DATE SIGNED 11/30/58			
23a. BURIAL (CREMATION, REMOVAL) (Specify) Burial	23b. DATE 12/1/1958	23c. NAME OF CEMETERY OR CREMATORY Lee's Summit Cemetery Lee's Summit Mo.	
23d. LOCATION (City, town, or county) (State)			
24. FUNERAL DIRECTOR ADDRESS Langford Funeral Home Lee's Summit Mo.		25. DATE RECD. BY LOCAL REG. 12-2-58	
26. REGISTRAR'S SIGNATURE Elva Minshall			

All diseases in Part I must be causally related.
MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Monford D. Durnell



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.B. Langford Jr.*

Licensed Embalmer No. *3233*

P. O. Address *1111 1st St.*

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.