FILED FEB 27 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-005705

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 764

1. PLACE OF DEATH

a. COUNTY: Jackson

b. CITY OR TOWN: K. C.-3918 Charlotte — Inside Limits: Yes [X] No [ ]

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Grosse Nursing Home — Length of stay in Ib: 5 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE: Kansas b. COUNTY: Wyandotte

c. CITY OR TOWN: Kansas City 9150 — Inside Limits: Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location): 1823 New Jersey — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: SUSAN Middle: CATHERINE Last: LOVELL

4. DATE OF DEATH: Month: Feb. Day: 9 Year: 1959

5. SEX: female

6. COLOR OR RACE: White

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH: Apr. 22, 1864

9. AGE (In years last birthday): 94 — 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: Housewife

11. BIRTHPLACE (City and state or country): Norborne, Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: BENNETT MUSSER

13b. MOTHER'S MAIDEN NAME: REBECCA EMBLER

14. NAME OF HUSBAND OR WIFE (Deceased): James T. Lovell, 1912

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Charles R. Lovell (Son) Address: 3600 Leavenworth Rd. KC Kansas

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Arteriosclerotic Cardiovascular Disease — INTERVAL BETWEEN ONSET AND DEATH: months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Cerebral & Generalized Arteriosclerosis — years

DUE TO (c):

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 [ ] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 1953, to 2-9-59 and last saw her/him alive on 2-8-59

Death occurred at 6:50 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Harold M. Roberts M.D.

22b. ADDRESS: 1103 Grand, Kan. City 6 Mo.

22c. DATE SIGNED: 2-10-59

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: 2/12/1959

23c. NAME OF CEMETERY OR CREMATORY: Highland Park Cem.

23d. LOCATION (City, town, or county) (State): Kansas City Kansas

24. FUNERAL DIRECTOR: Werner Mortuary **ADDRESS**: K.C.K.

25. DATE RECD. BY LOCAL REG.: 2-10-59

26. REGISTRAR'S SIGNATURE: Alva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Harold M. Roberts

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 Donald F. Werner

Licensed Embalmer No. 5007

P. O. Address Kansas City, Ka

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.