

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-005230
~~60-005220~~
 STATE FILE NUMBER

FILED VS FEB 29 1960 042

Registration District No. _____ Primary Registration District No. 1000 Registrar's No. 234

INDEXED

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 40 Years		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 412 Albemarle St.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 412 Albemarle St.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last William Henry Love				4. DATE OF DEATH Month Day Year February 19, 1960			
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH June 12, 1883	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janiter (ret.)		10b. KIND OF BUSINESS OR INDUSTRY Paper Box		11. BIRTHPLACE (City and state or country) Leavenworth, Kans.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Daniel Love			13b. MOTHER'S MAIDEN NAME Theresa Brady		14. NAME OF HUSBAND OR WIFE Bertha Lee Love		
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. 491-09-0311		17. INFORMANT 412 Albemarle Street Mrs Alberta B. Wilson, City			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thermal Shock						INTERVAL BETWEEN ONSET AND DEATH At once	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fire in dwelling						At once	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.) Room occupied by deceased was in flames when fire was seen.					
20c. TIME OF INJURY Hour 7 m. Month, Day, Year 2 19-60							
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.) Home		20f. CITY, TOWN, OR LOCATION St Joe		COUNTY Buchanan	STATE Mo
21. I attended the deceased from Feb. 19, 1960 and last saw him on Feb. 19, 1960 Death occurred at 7 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) S.E. Meloney M.D. Coronar				22b. ADDRESS 314 Mark Patrick Bldg St. Joe, Mo.		22c. DATE SIGNED 2-20-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 23, 1960	23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		23d. LOCATION (City, town, or county) St. Joseph, Missouri		(State)
24. FUNERAL DIRECTOR Wm. H. Alexander, St. Joseph, Mo.			25. DATE RECD. BY LOCAL REG. Feb. 24, 1960		26. REGISTRAR'S SIGNATURE Mrs Clark Goodell		

DOCUMENT

MEDICAL CERTIFICATION
S.E. Meloney M.D.

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wm. H. Alexander

Licensed Embalmer No. 4450

P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.