

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006847

FILED VS MAR 15 1960

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 124

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Length of stay in 1b 20 YRS	c. CITY OR TOWN JOPLIN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JOPLIN GENERAL HOSP.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1402 E. SOUTH ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First GLADYS Middle MAY Last LOVELL	4. DATE OF DEATH Month MARCH Day 6TH , Year 1960
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5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-12-1904	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and state or country) LITTLE ROCK, ARK.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME H. LESTER DOUTHITT	13b. MOTHER'S MAIDEN NAME UNK	14. NAME OF HUSBAND OR WIFE WM. EDWARD LOVELL
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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. UNK	17. INFORMANT WM. E. LOVELL, 1402 E. SOUTH ST., Address JOPLIN, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Incarcerated Hernia		INTERVAL BETWEEN ONSET AND DEATH 8 Days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) old incisional Hernia		Years
	DUE TO (c) Appendectomy		years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus	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
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year
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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	COUNTY	STATE
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21. I attended the deceased from **2-28-60** to **3-6-60** and last saw her ^{her} ~~him~~ alive on **3-5-60**
Death occurred at **3:40 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. Martin (Degree or title)	22b. ADDRESS 418 Wall Joplin Mo	22c. DATE SIGNED 3-6-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-14-60	23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK,	23d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI
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24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, ADDRESS JOPLIN, MO.	25. DATE RECD. BY LOCAL REG. 3-11-1960	26. REGISTRAR'S SIGNATURE Doon Merriam
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ENDED

VS MAR 31 1961

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin, Mo

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.