

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-030263

FILED VS. SEP 12 1960

128

Primary Registration District No. 200

Registrar's No. 919

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Greene													
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b		c. CITY OR TOWN Springfield		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.O.A. Burge Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1802 S. Thelma		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>										
3. NAME OF DECEASED (Type or print) First BRADFORD Middle EUGENE Last LOVELL				4. DATE OF DEATH Month September Day 1 Year 1960													
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 27 July 1939		9. AGE (last birthday) 21		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) Recently Discharged				10b. KIND OF BUSINESS OR INDUSTRY U.S. Navy		11. BIRTHPLACE (City and state or country) Springfield, Mo.		12. CITIZEN OF WHAT COUNTRY USA									
13a. FATHER'S NAME W.L. Lovell				13b. MOTHER'S MAIDEN NAME Grace Coats				14. NAME OF HUSBAND OR WIFE None									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1957 - 1960				16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address W.L. Lovell (Father) Springfield, 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) HEAD AND CHEST INJURIES										INTERVAL BETWEEN ONSET AND DEATH							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.														DUE TO (b) _____			
DUE TO (c) _____														DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								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.) HE WAS DRIVER OF A ONE CAR ACCIDENT ON A CURVE ON A SCENIC DRIVE. APPARENTLY EXCESSIVE SPEED. HE LOST CONTROL OF CAR AND CRASHED INTO A SMALL BRIDGE.													
20c. TIME OF DEATH Hour 10:30 p.m. Month, Day, Year 9/1/60		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.) Scenic Drive				20f. CITY, TOWN, OR LOCATION Springfield				COUNTY Greene		STATE Missouri							
21. I attended the deceased from UNATTENDED BY PHYSICIAN and last saw her/him alive on _____ Death occurred at APPROX. 10:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.																	
22a. SIGNATURE <i>Joseph H. Greene</i> (Degree or title) Greene						22b. ADDRESS Springfield, Missouri				22c. DATE SIGNED 9/2/60							
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/3/1960		23c. NAME OF CEMETERY OR CREMATORY White Chapel Cemetery				23d. LOCATION (City, town, or county) Springfield, Mo.									
24. FUNERAL DIRECTOR KLINGNER MORTUARY, INC. SPRINGFIELD MO.						25. DATE RECD. BY LOCAL REG. 9-6-60		26. REGISTRAR'S SIGNATURE <i>Effie S. Meeton</i>									

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

jhc

(Licensed Embalmer's Statement on Reverse Side)

OCT 17 1960

SEP 15 1960

SEP 28 1960

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 Glen D Williams

Licensed Embalmer No. 4651

P. O. Address Springfield

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.