

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-017017
STATE FILE NUMBER

Registration District No. 113 Primary Registration District No. 5431 Registrar's No. 86

AMENDED

FILED MAY 25 1961

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Clair, Mo.</u>		Length of stay in 1b --	c. CITY OR TOWN <u>St. Clair, Mo.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION -----		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1/2 mile east of St. Clair,</u> Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>ELMER</u> Middle <u>L.</u> Last <u>LOVAN</u>			4. DATE OF DEATH Month <u>May</u> Day <u>16</u> Year <u>1961</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 28, 1883</u>	9. AGE (last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>28</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General work</u>	11. BIRTHPLACE (City and state or country) <u>Mc Leansboro, Ill.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Adolph Lovan</u>	13b. MOTHER'S MAIDEN NAME <u>Emillia Carr</u>	14. NAME OF HUSBAND OR WIFE <u>Katharine Lovan</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>Yes May 17, 1904</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Eugene Lovan 1711 Janet Kinney Mo.</u>	Address
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<u>Coronary Thrombosis</u>	<u>Fastly</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Atherosclerosis</u>	<u>3 yrs</u>
	DUE TO (c) <u>Coronary Insufficiency</u>	<u>3 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cardiac Decompensation & Hypertrophy</u>		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 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 <u></u> a.m. <u></u> p.m. <u></u>	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 <u>St. Clair, Mo.</u>	COUNTY	STATE
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21. I attended the deceased from March 24, 1958 to May 16, 1961 and last saw him alive on 4-13-61
Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Eugene Lovan</u>	(Degree or title)	22b. ADDRESS <u>St. Clair, Mo.</u>	22c. DATE SIGNED <u>5-17-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>May 19, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellow Cemetery</u>	23d. LOCATION (City, town, or county) <u>St. Clair, Missouri</u>
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24. FUNERAL DIRECTOR <u>Howard H. Kitchell</u>	ADDRESS <u>St. Clair, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>May 18-61</u>	26. REGISTRAR'S SIGNATURE <u>Paul Smith</u>
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

MAY 25 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 me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Sherwood W. Kitchell

Licensed Embalmer No. 3873

P. O. Address St. Clair, 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.