MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-028998

PARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 142 STATE FILE NUMBER

FILED SEP 5 1961

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY Grundy
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton — Length of stay in 1b 3 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wright Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Davies
c. CITY OR TOWN Jamesport — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route #2 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Leslie Middle Last Lovell

4. DATE OF DEATH Month Aug Day 28 Year 1961

5. SEX Male
6. COLOR OR RACE white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Jan 14, 1958
9. AGE (last birthday) 3 — 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) None
10b. KIND OF BUSINESS OR INDUSTRY Infant
11. BIRTHPLACE (City and state or country) Trenton, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Virgil Lovell
13b. MOTHER'S MAIDEN NAME Beverly Taylor
14. NAME OF HUSBAND OR WIFE None

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 Virgil Lovell Address Rt. 2 Jamesport Mo.

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) Extensive 2d° Burns of Body — INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
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. ☐ Yes ☐ No ☐ Unknown

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 11 – Hour a.m. p.m. Month Day Year Aug 24th 1961 Turned Boiling Water over on self.

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 Aug 24th 1961, to Aug 28th 1961 and last saw her/him alive on Aug 28th 1961
Death occurred at 1:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Oliver F. Duffy MD
22b. ADDRESS Trenton Mo
22c. DATE SIGNED Aug 24th

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug 31, 1961
23c. NAME OF CEMETERY OR CREMATORY Mitchell Cemetery
23d. LOCATION (City, town, or county) Melbourne (State) Mo.

24. FUNERAL DIRECTOR J. Gordon Blackmore ADDRESS Trenton Mo.
25. DATE RECD. BY LOCAL REG. 8/30/61
26. REGISTRAR'S SIGNATURE Irene Fair

(Licensed Embalmer's Statement on Reverse Side)

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 Claude H Crandall Jr

Licensed Embalmer No. 4986

P. O. Address Lincoln, Me

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.