

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010297

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 5304 Registrar's No. 124

FILED MAR 26 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Osage Township - R-2-		c. CITY OR TOWN Brazito	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION three miles south Brazito Mo.		d. STREET ADDRESS (If outside, give location) three miles south Brazito	
3. NAME OF DECEASED (Type or print) First CLYDE Middle CLARENCE Last LOVEALL		4. DATE OF DEATH Month March Day 19th Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/15/1904
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroader (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Hecker, Missouri
13a. FATHER'S NAME William M. Loveall		13b. MOTHER'S MAIDEN NAME Nora A. Gilmore	14. NAME OF HUSBAND OR WIFE Ollie Hale Loveall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW # 2		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs Ollie Loveall Brazito, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ? Acute Myocardial Infarction			INTERVAL BETWEEN ONSET AND DEATH —
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) Arteriosclerotic Heart Disease			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) This body brot to St. Mary's Hospital - having died at home - to be pronounced dead by Dr. Sanders - at 9 P.M. one-half hour after death.			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 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.) This statement by Dr. Sanders request - N. Richter App Reg.	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		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 Jefferson City, Missouri	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 9 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J.S. Sanders MD		22b. ADDRESS 575 E. High St. Jeff. City, Mo.	
22c. DATE SIGNED 3/20/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar 22 1962	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Jefferson City, Missouri
24. FUNERAL DIRECTOR Freeman Service, Jefferson City, Mo.		25. DATE RECD. BY LOCAL REG. 21 March 1962	26. REGISTRAR'S SIGNATURE R. Richter App Reg.

USE BLACK INK OR TYPEWRITER RIBBON

VS MAR 27 1962

MAR 27 1962

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 Donald P. Greenman

Licensed Embalmer No. 4622

P. O. Address J. Crow.

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.