MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011334
STATE FILE NUMBER

Registration District No. 732 Primary Registration District No. _____ Registrar's No. 67

FILED MAR 27 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0400		
2	0400		
3			
4	0		
5	1		
6			
7	1		
8	2		
9	4201		
10			
11			
12	70-3		
13	1-0		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY: Grundy
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Galt — Length of stay in 1b: 20 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print) First: CLIFFORD Middle: WALLACE Last: LOVESTEDT
4. DATE OF DEATH Month: 3 Day: 18 Year: 1963
5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-25-1900
9. AGE (last birthday): 62 — 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): Retail Salesman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Malvern Ark.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: W.S. Lovestedt
13b. MOTHER'S MAIDEN NAME: Amanda Adean
14. NAME OF HUSBAND OR WIFE: Ruth Herring
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Ruth Herring Lovestedt — Address: Galt Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Natural Causes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): Probably due to Coronary Occlusion
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): No doctor in attendance

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 Hour a.m. p.m. Month, Day, Year
Howard H. Slater, County Coroner
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 _____ to _____ and last saw her/him alive on _____
Death occurred at 12:40 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
22b. ADDRESS
22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-20-63
23c. NAME OF CEMETERY OR CREMATORY: Halfway Cem.
23d. LOCATION (City, town, or county) (State): Spickard Mo.

24. FUNERAL DIRECTOR: Payne Funeral Home — ADDRESS: Galt Mo
25. DATE RECD. BY LOCAL REG.: 3-20-63
26. REGISTRAR'S SIGNATURE: Irene Dair

(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 D K Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

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.