MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-015855

STATE FILE NUMBER

Registration District No. 142 Primary Registration District No. 4231 Registrar's No. 19

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0460
2 0460 2
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4 1
5 1
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7 0
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12 2-0
13 4-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF

DOCUMENT

Filed MAY 6 1963

1. PLACE OF DEATH a. COUNTY Howell

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Howell

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mountain View — Length of stay in 1b: 9 Days

c. CITY OR TOWN Willow Springs — Inside Limits: Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital — Inside Limits: Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) 508 Center — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First FLORENCE Middle E. Last LOVAN

4. DATE OF DEATH Month April Day 18 Year 1963

5. SEX Female

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 8/8/1887

9. AGE (last birthday) 75 — IF UNDER 1 YEAR Months 8 Days 10 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and state or country) Hutton Valley, Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Charles Crouch

13b. MOTHER'S MAIDEN NAME Martha

14. NAME OF HUSBAND OR WIFE A.E."Gene" Lovan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address Gene Lovan, Willow Springs, 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) Uremia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Chronic glomerulonephritis

DUE TO (c) arteriosclerosis

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)

Cerebral-vascular accident.

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

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 5/24/55 to 4/18/63 and last saw her/him alive on 4/18/63

Death occurred at 12 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harold W. Miller, M.D.

22b. ADDRESS Willow Springs, Mo.

22c. DATE SIGNED 4/19/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 4/20/63

23c. NAME OF CEMETERY OR CREMATORY City

23d. LOCATION (City, town, or county) (State) Willow Springs, Mo.

24. FUNERAL DIRECTOR ADDRESS Burns - Willow Springs, Mo.

25. DATE RECD. BY LOCAL REG. 4-30-1963

26. REGISTRAR'S SIGNATURE Charles D. Curtain

(Licensed Embalmer's Statement on Reverse Side)

Burial Permit issued 4-20-1963

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 T. R. Burns T. R. Burns

Licensed Embalmer No. 4214

P. O. Address Willow Springs, 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.