

FILED JAN 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

40560

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 23 PRIMARY REG. DIST. NO. 3014 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>631 N. Main St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>631 N. Main St.</u>		d. STREET ADDRESS (If rural, give location) <u>631 N. Main St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Lovell</u> c. (Last) <u>Lovell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 31-49 D</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 4-1884</u>
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR <u>4</u> Days	IF UNDER 11 HRS. <u>27</u> Hours <u>Min.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo. D</u>
12. CITIZEN OF WHAT COUNTRY? <u>US.</u>			
13a. FATHER'S NAME <u>Dan Lovell</u>		13b. MOTHER'S MAIDEN NAME <u>Faint (Unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Ella Lovell</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ella Lovell</u> ADDRESS <u>Liberty Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive Hemorrhage</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Epidermoid carcinoma of larynx - Pseudoepitheliomatous</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION <u>3 Aug 49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Tracheotomy + biopsy</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>1 August 1949</u> , to <u>31 Dec</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>31 Dec</u> , 19 <u>49</u> , and that death occurred at <u>4:30 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>F. M. Waterman M.D.</u>		23b. ADDRESS <u>Liberty, Mo.</u>	23c. DATE SIGNED <u>31 Dec 49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 2-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>	24d. LOCATION (City, town, or county) (State) <u>Liberty, Mo.</u>
DATE REC'D BY LOCAL REG. <u>JAN. 2. 1950</u>	REGISTRAR'S SIGNATURE <u>Minnie Haynes</u> <u>64</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>General Green Co.</u> ADDRESS <u>Liberty Mo.</u>	

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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24  
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JAN 9

RECEIVED

District Health Officer No. 8,

District File Number

1-1-50

Date Filed

JAN 13 1959

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 Student Embalmer

Signed

John Lombard

Licensed Embalmer No. 4448

P. O. Address Liberty 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 this body is not embalmed, fact should be so stated above.