

REC'D JUN 17 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

19807  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Barren Registration District No. 871  
(b) Township Metz Primary Registration District No. 6154 Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Lewis Oliver Lockhart 263

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ellen Lockhart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
77 7 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OhioFATHER 13. NAME Hiram Lockhart14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknownMOTHER 15. MAIDEN NAME Barbra Ann Aletory16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.17. INFORMANT (ADDRESS) Miss Ellen Lockhart  
Rich Hill Mo 63

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ridley DATE May - 16 - 193819. FUNERAL DIRECTOR (ADDRESS) Wm. R. Reavley  
Rich Hill Mo

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_ Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 193822. I HEREBY CERTIFY, That I attended deceased from Jan 27 1928, to May 14 1938I last saw him alive on May 13 1938. Death is said to have occurred on the date stated above, at 5 P. M.

The principal cause of death and related causes of importance were as follows:

hypertension  
myocarditis  
myocardial infarction  
hypertensive heart disease  
hypertensive heart disease

Other contributory causes of importance: 1/21

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_ (Signed) James L. Allen, M. D.856 (Address) Rich Hill Mo.

STATEMENT BY LICENSED EMBALMER

I, J Hudson Reawley, Licensed Embalmer No. 2730

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed J Hudson Reawley  
Licensed Embalmer No. 2730

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.)

ASSOCIATION OF EMBALMERS  
STATE OF OHIO  
OFFICE OF DEATH

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

19807  
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 871  
 (b) Township metz Primary Registration District No. 6124 Registered No. \_\_\_\_\_  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S. or of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Leura Oliver Lockhart

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ellen Lockhart

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1938 to May 14, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 - 1860

I last saw him alive on May 13, 1938 Death is said to have occurred on the date stated above, at 5 p.m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 77 7 6

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Hypertension  
myocardial infarction  
arteriosclerosis  
hypertensive chronic

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

Other contributory causes of importance: \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What first confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

FATHER 13. NAME Hiram Lockhart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME Barbara Ann Alstaf

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Miss Ellen Lockhart  
Rich Hill Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridgo DATE May 16, 1938

19. FUNERAL DIRECTOR (ADDRESS) Wood & Reguley  
Rich Hill Mo

20. FILED 8-6 19 38 I. Helma Wilson Local Registrar.

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) James J. Allen M. D.  
 (Address) Rich Hill Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

