

350 JUL 19 1939

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

21649
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89
 (b) Township Poplar Bluff Primary Registration District No. 3067 Registered No. 162
 (c) City Poplar Bluff (d) Street No. Brandon Hospital 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. 10 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 263 Homer Lockhart Bloomfield 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Waal Kelo
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/15/1884
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 9 20
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. disabled Veteran
 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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5th 1939
 22. I HEREBY CERTIFY, that I attended deceased from June 24th 1939 to July 5th 1939
 I last saw him alive on July 5th 1939. Death is said to have occurred on the date stated above, at 4:22 A.M.
 The principal cause of death and related causes of importance were as follows:

Pneumonia
pulmonary Edema
 Date of onset 7/4/39
7/4/39

12. BIRTHPLACE (CITY OR TOWN) Atelane Missouri
 (STATE OR COUNTRY)

Other contributory causes of importance:
Concussion 6/24/39
fracture of sternum 6/24/39
Compound fracture of left tibia + fibula 6/24/39
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

FATHER 13. NAME James Lockhart
 14. BIRTHPLACE (CITY OR TOWN) Georgia
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Sarah Edna Welch
 16. BIRTHPLACE (CITY OR TOWN) Stoddard County Missouri
 (STATE OR COUNTRY)

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 6/24/39
 Where did injury occur? 10 miles north Bloomfield Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Highway

17. INFORMANT Ruby Alexander
 (ADDRESS) Bloomfield Missouri
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bloomfield DATE 7/7/39 19.

Manner of injury Automobile accident
 Nature of injury Compound fractures

19. FUNERAL DIRECTOR (NAME) J. A. Childs
 (ADDRESS) Bloomfield Missouri
 20. FILED 7/10 1939 Obstetrical Local Registrar.

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Co. L. Quals, M. D.
 (Address) 89 Poplar Bluff Mo

2108

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.....

.....**Ivan Cooper**....., Registered Apprentice No. **162**
working under my personal supervision.

Signed.....*Lulu Cooper*.....

Licensed Embalmer No. **3499**

P. O. Address **Bloomfield, Mo.**

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c
with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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21649
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1. PLACE OF DEATH

(a) County Butler Registration District No. 89
 (b) Township _____ Primary Registration District No. 3209 Registered No. 162
 (c) City Paplas Bluff (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., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Homer Lockhart
 (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) Div

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>54</u>	<u>9</u>	<u>20</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. _____

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 _____

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

FATHER

13. NAME _____

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

MOTHER

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____ 19 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-2-1977

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____.

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

Brochis Pneumonia
Pulmonary Edema
210
 Other contributory causes of importance:
Concussion, fracture of skull
Sternum Compound fracture
Fibula + Tibula

Date of onset _____

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 Sideswung by another car, while
 Nature of injury riding in rear of pickup truck

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) G. L. Quality, M. D.
 (Address) Paplas Bluff, mo

SUPPLEMENTARY

Local Registrar.

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

