

S. No. 2  
M-8-43  
5-17-39  
X3782

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29717

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

FILED SEP 18 1946  
Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 301

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

4  
1  
2

28553

1. PLACE OF DEATH: CALLAWAY

(a) County: Fulton, Mo.

(b) City or town: Fulton, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: CALLAWAY HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Six weeks  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME: SAMUEL NELSON LOCKHART

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex: MALE

5. Color or race: White

6. (a) Single, widowed, married, divorced: SINGLE

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
(Day) (Year)

7. Birth date of deceased: MAR. 23 1863  
(Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Lincoln Co. Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation: FARMER

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name: DK \_\_\_\_\_

13. Birthplace: DK \_\_\_\_\_ (State or foreign country)

14. Maiden name: DK \_\_\_\_\_

15. Birthplace: DK \_\_\_\_\_ (State or foreign country)

16. (a) Informant: W. TAYLOR DAY

(b) Address: MACON, MO

17. (a) BURIAL (b) Date thereof: Sept. 12, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Jebbets, Mo

18. (a) Signature of funeral director: Glenn Y. Maupin

(b) Address: 712 Campus, Fulton, Mo.

19. (a) Sept 12 1946 (b) Jesse M. Masnick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: CALLAWAY

(c) City or town: Fulton  
(If outside city or town limits, write "RURAL")

(d) Street No.: 717 Nichols  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10 year 1946 hour 9 minute 50 A.M.

21. I hereby certify that I attended the deceased from July 23<sup>rd</sup> 1946 to Sept 10 1946

that I last saw him alive on Sept 10 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Arterio Sclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 91

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) Means of injury: 0

13. Signature: J. H. Crews (M. D. or other) \_\_\_\_\_

Address: Fulton, Mo Date signed: 9-10-46

RECEIVED  
District Health Officer No. 9,  
District File Number 9-46-146  
Date Filed 9-17-46

JAN 3 0 1947

JAN 7 1955

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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Glen Y. Maupin  
Licensed Embalmer No. 2725-  
P. O. Address Fulton, 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.