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

FILED MAY 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13397

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5968 Registrar's No. 71

1. PLACE OF DEATH
a. COUNTY: Polk
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "Rural" N. Benton Twp.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Polk
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "Rural" Rt. 1, Halfway
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Lucinda b. (Middle) Adaline c. (Last) Locke

4. DATE OF DEATH: (Month) April (Day) 20 (Year) 1949

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: April 7, 1866
9. AGE (In years last birthday): 83 | If under 1 year: Months, Days | If under 1 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:
11. BIRTHPLACE (State or foreign country): Polk County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: James Hutcheson
13b. MOTHER'S MAIDEN NAME: Elizabeth Ann Dunlap
14. NAME OF HUSBAND OR WIFE:

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.: none
17. INFORMANT'S SIGNATURE OR NAME: James Locke ADDRESS: Rt. 1, Halfway, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 3 or 4 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4500

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) Polk (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 To 15 years, 19____, that I last saw the deceased alive on Apr 20, 1949, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE: J. H. Bridges M.D. (Degree or title)
23b. ADDRESS: Bolivar, Mo.
23c. DATE SIGNED: April 22, 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: April 22, 1949
24c. NAME OF CEMETERY OR CREMATORY: Mt. Olive Cemetery
24d. LOCATION (City, town, or county) (State): Polk County Mo.

DATE REC'D BY LOCAL REG.: May 7, 1949
REGISTRAR'S SIGNATURE: Ralph Garden per Quell Garden
25. FUNERAL DIRECTOR'S SIGNATURE: Turpin Funeral Home
ADDRESS: Bolivar, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 4-49-525
Date Filed 5-9-49

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 [signature]

Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.