

FILED JUL 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25797

State File No.

BIRTH NO. REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 6114 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL 6114</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>325 SMITH AVE</u>	
c. LENGTH OF STAY (in this place) <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>SIKESTON, MO 211</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. BENTON + MORLEY, MO</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JURL</u>	b. (Middle) <u>—</u>	c. (Last) <u>LOCK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7-9-49</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Oct 28, 1923</u>	9. AGE (In years last birthday) Months Days <u>25 9 11</u>	IF UNDER 1 YEAR OF UNDER 15 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>IRONER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SHOE FACTORY</u>	11. BIRTHPLACE (State or foreign country) <u>Marmaduke Ark</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>JAMES G. LOCK</u>	13b. MOTHER'S MAIDEN NAME <u>BESSIE BAILEY</u>	14. NAME OF HUSBAND OR WIFE <u>MARGARET DOCKINS LOCK</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>YES WW II</u>	16. SOCIAL SECURITY NO. <u>496-14-456</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Dockins Lock</u>	ADDRESS <u>Sikeston</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8 1/2 hr</u> <u>39</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burned to death in plane crash</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Plane Crash</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>IN FIELD ON FARM</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>R.F.D. Morley + Benton Scott Co. Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-11-49 5:40 pm</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>1 up</u>
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22. I hereby certify that I attended the deceased from First Care after Death, that I last saw the deceased alive on 9, 1949, and that death occurred at 5:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clayde Lee Corson Sikeston Mo</u>	23b. ADDRESS <u>211</u>	23c. DATE SIGNED <u>7/11/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>7-13-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New City</u>	24d. LOCATION (City, town, or county) (State) <u>Morley Mo</u>
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DATE REC'D BY LOCAL REG. <u>July 22-49</u>	REGISTRAR'S SIGNATURE <u>Mrs Ella Hunter Welch</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Funeral Home Sikeston Mo</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

6761 AUG 3 1949

RECEIVED JUL 25 1949
District Health Office No. 2
District File Number 749-241
Date Filed _____

JUL 25 1949

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.

Signed Raymond Lewis
Licensed Embalmer No. 3467

Signed _____
Student Embalmer

P. O. Address Sikeston 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.