

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26954

State File No. 3374

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3374</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u>				b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>4 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		d. STREET ADDRESS (If rural, give location) <u>406 Epperson St.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside Hospital</u>				3. NAME OF DECEASED a. (First) <u>Ann</u>				b. (Middle) <u>Mary</u>	
				c. (Last) <u>Lockridge</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 5 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 15, 1865</u>		9. AGE (In years last birthday) <u>84</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Saline Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Sacre Smith</u>			13b. MOTHER'S MAIDEN NAME <u>Lucy Ann Green</u>			14. NAME OF HUSBAND OR WIFE <u>Yewell Lockridge</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William Lockridge, Marshall</u>				ADDRESS <u>Mo</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pyelonephritis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
				ANTECEDENT CAUSES A. Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Empyema of gall bladder</u>				1 week	
				DUE TO (c) <u>Cholelithiasis</u>				yrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>581X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) (STATE) <u>Liberty Clay Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>May 26, 1949</u> , to <u>August 4, 1949</u> , that I last saw the deceased alive on <u>Aug. 4, 1949</u> , and that death occurred at <u>3:45 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>C. M. Smith</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Liberty, Mo.</u>				23c. DATE SIGNED <u>8-5-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-5-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Roanoke Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Roanoke Mo.</u>			
DATE REC'D BY LOCAL REG. <u>8-5-49</u>		REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>				25. JOURNAL DIRECTOR'S SIGNATURE <u>W. Gardner</u>			
						ADDRESS <u>Liberty, Mo.</u>			

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

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 _____

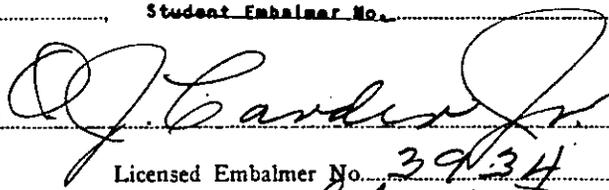
Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed _____



Licensed Embalmer No. _____

3934

P. O. Address _____

Liberty, 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.