

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

36088

State File No. _____

FILED NOV 1 1949

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 168

1. PLACE OF DEATH a. COUNTY <u>Vermon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Greene</u> 31	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wash 3 mi Sd</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> 2 6	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>		d. STREET ADDRESS (If rural, give township) <u>421 W Minata</u> 1	

3. NAME OF DECEASED (Type or Print) <u>MARY ANGELINE LOCK</u>			4. DATE OF DEATH (Month) (Day), (Year) <u>10-17-49</u>	
a. (First)	b. (Middle)	c. (Last)		

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>Oct 14-1867</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>3</u>	IF UNDER 24 HOURS Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during last or working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Fair Grove Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Wilton Williams</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Hodges</u>	14. NAME OF HUSBAND OR WIFE <u>Widow</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Basel of record, Nevada</u>	ADDRESS <u>Nevada</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Arteriosclerotic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
	DUE TO (c) <u>✓</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>			<u>4200</u>

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 6-29, 1949, to 10-17, 1949, that I last saw the deceased alive on 10-17, 1949, and that death occurred at 7 p m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. G. Hall MD</u> (Degree or title)	23b. ADDRESS <u>Nevada Mo</u>	23c. DATE SIGNED <u>10-17-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Oct. 18-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Springfield Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 19, 1949</u>	REGISTRAR'S SIGNATURE <u>Rathbone H. Wallace</u> 1329	25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman S. Lohmeyer</u>	ADDRESS <u>Funeral Home Springfield, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48
10800

FEB 7 1950

RECEIVED

District Health Officer No.

District File Number 9-49-1

Date Filed 10-31-4

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 Max C. Eshen

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.