

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

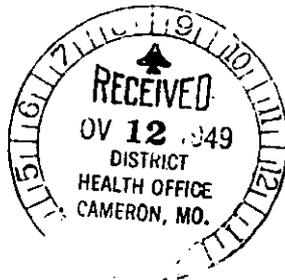
State File No. **36993**

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>302</u>		Registrar's No. <u>144</u>	
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u> 70			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton 1</u>		c. LENGTH OF STAY (in this place) <u>40</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		1	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1411 Main St</u>				d. STREET ADDRESS (If rural, give location) <u>1411 Main St</u> 0			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZABETH</u> b. (Middle) <u>LOCKHART</u> c. (Last) <u>LOCKHART</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-19-49</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. 27 1852</u>	
9. AGE (In years last birthday) <u>97</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>8</u>		IF UNDER 4 HRS. Hours <u>1</u> Min. <u>1</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Dallas Scotland</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert Walker</u>		13b. MOTHER'S MAIDEN NAME <u>Janice Sumner Donaldson</u>		14. NAME OF HUSBAND OR WIFE <u>Ben Lockhart</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 ADDRESS <u>Mrs. M. B. Hinton</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u> <u>(172)</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
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>Oct. 1</u> 19 <u>49</u> , to <u>Oct. 19</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Oct. 17</u> , 19 <u>49</u> , and that death occurred at <u>9 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Maude J. Pearce R.O.</u>				23b. ADDRESS <u>305 W 12th Trenton Mo.</u>		23c. DATE SIGNED <u>10-19-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10-22-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maude Jones</u>		24d. LOCATION (City, town, or county) (State) <u>Trenton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-22-49</u>		REGISTRAR'S SIGNATURE <u>Irene Jaw</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond A Davis</u>		ADDRESS <u>Trenton Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

40
1
2



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 _____

Myself

working under my personal supervision.

Student Embalmer No.

Signed

Raymond A. Adams

Signed.....
Student Embalmer

Licensed Embalmer No. 3424

P. O. Address Denton 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.