

FILED DEC 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36545

State File No.

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| BIRTH NO. <u>11-28-50</u> | | REG. DIST. NO. <u>93</u> | | PRIMARY REG. DIST. NO. <u>4153</u> | | Registrar's No. <u>602</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Dade Co</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lockwood Mo</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dade Co</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lockwood Mo</u> d. STREET ADDRESS (If rural, give location) <u>0290</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Viola</u> b. (Middle) c. (Last) <u>Barclay</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 27 1950</u> | | 5. SEX F / W F | | 6. COLOR OR RACE W | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | | 8. DATE OF BIRTH <u>Mar 31, 1882</u> | | 9. AGE (In years last birthday) <u>68</u> | | 10. IF UNDER 1 YEAR Months <u>7</u> Days <u>26</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Dade Co Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>A.C. Barclay</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sophornia Kitchell</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Mrs Ralph Preston Lockwood, Mo.</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ralph Preston Lockwood, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Hypertensive Heart Disease</u> - DUE TO (b) <u>Dissect</u> - DUE TO (c) <u>Dissect</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>42.00</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 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) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 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>August 1949</u> to <u>Nov. 27th 1950</u> , that I last saw the deceased alive on <u>Nov 27th 1950</u> , and that death occurred at <u>5:45pm.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Max Heilbrunn M.D.</u> | | 23b. ADDRESS <u>Lockwood, Mo</u> | | 23c. DATE SIGNED <u>11-27-50</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>11-30-50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Cederville</u> | | 24d. LOCATION (City, town, or county) (State) <u>Dade Co Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>11-28-50</u> | | REGISTRAR'S SIGNATURE <u>Leo A. Weir</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W.R. Allison</u> | | ADDRESS <u>Greenfield Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED

DEC 4 1950

Dist. File 1250-2414

Date Filed 12-5-50

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

W. R. Allison

Licensed Embalmer No. 4404

P. O. Address

Springfield, 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.