

FILED DEC 27 1950

State File No. 1413

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>5130</u>		Registrar's No. <u>1413</u>	
1. PLACE OF DEATH a. COUNTY <u>BUCHANAN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BUCHANAN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR Rural, <u>Rush Twp</u> TOWN <u>RUSHVILLE-RURAL</u>		c. LENGTH OF STAY (in this place) <u>4 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RUSHVILLE, RURAL RUSH TWN.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. NO. 2</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D. NO. 2</u> <u>0110</u>			
3. NAME OF DECEASED (Type or Print) <u>LUCY MAUDE LOCKHART</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-16-1950</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>4-23-1881</u>	9. AGE (In years last birthday) <u>69</u>	if UNDER 1 YEAR Months Days	if UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>RUSHVILLE, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>E. MARK ANDREWS</u>		13b. MOTHER'S MAIDEN NAME <u>SUSAN ANNA MORRIS</u>		14. NAME OF HUSBAND OR WIFE <u>HOWARD 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>HOBART BAILEY - RUSHVILLE, 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>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bright's Disease</u> DUE TO (c) <u>Essential Hypertension</u> 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>4 days</u> <u>Sym.</u> <u>593X</u> <u>5 to 10 yrs.</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) (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>Jan 21, 1947</u> , to <u>Dec 15, 1950</u> that I last saw the deceased alive on <u>Dec 14, 1950</u> , and that death occurred at <u>4:15 A.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Chas. S. Brady, M.D.</u>				23b. ADDRESS <u>ATCHISON, KAN.</u>		23c. DATE SIGNED <u>12/16/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-28-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SUGAR CREEK</u>		24d. LOCATION (City, town, or county) (State) <u>RUSHVILLE, MO.</u>		
DATE REC'D BY LOCAL REG. <u>Dec 18, 1950</u>		REGISTRAR'S SIGNATURE <u>Carl C. Costello</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Stanton</u>		ADDRESS <u>ATCHISON, KAN.</u>	
(Licensed Embalmer's Statement on Reverse Side) <u>Wm. Stanton - L</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.

Signed Wm S. Stanton Jr.

Signed _____
Student Embalmer

Licensed Embalmer No. 3778

P. O. Address Abilene, Kan.

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.