

FILED FEB 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3487**

BIRTH NO. _____ REG. DIST. NO. **332** PRIMARY REG. DIST. NO. **3074** Registrar's No. **27**

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston, Mo	c. LENGTH OF STAY (in this place) 2. Mo	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston, Mo 1003	
d. FULL NAME OF HOSPITAL OR INSTITUTION Illinois Ave Sikeston, Mo		d. STREET ADDRESS (If rural, give location) Illinois Ave Sikeston, Mo	

3. NAME OF DECEASED (Type or Print) Lura a. (First) b. (Middle) c. (Last) Locke			4. DATE OF DEATH (Month) (Day) (Year) 1 24 1951			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 11/23/92	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 2 Days 1	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (State or foreign country) Macon Co Tenn		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Jones		13b. MOTHER'S MAIDEN NAME Nancie J. Richarson		14. NAME OF HUSBAND OR WIFE C.L. Locke	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS C.L. Locke Sikeston, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) a	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			334X	
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	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **1-16**, 19**51**, to **1-24**, 19**51**, that I last saw the deceased alive on **1-20**, 19**51**, and that death occurred at **2 P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. J. Hunter M.D.	23b. ADDRESS Sikeston, Mo.	23c. DATE SIGNED 1-26-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1/27/51	24c. NAME OF CEMETERY OR CREMATORY Portageville Cem
		24d. LOCATION (City, town, or county) (State) Portageville, Mo

DATE REC'D BY LOCAL REG. Jan 27 51	REGISTRAR'S SIGNATURE Mrs. Ella Hunter	GENERAL DIRECTOR'S SIGNATURE Harry Jones	ADDRESS Sikeston, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 30 1951

RECEIVED JAN 29 1951

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 151-38

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 John Alington

Licensed Embalmer No. 2941

P. O. Address Jefferson

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.