

FILED MAR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7246

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6152 Registrar's No. 17

1030

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

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Liberty)		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION -----		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Richland) 1030	
		d. STREET ADDRESS (If rural, give location) R.F.D. #1, Dexter, Mo.	
3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) (NMI) c. (Last) Lock			4. DATE OF DEATH (Month) (Day) (Year) Feb. 16, 1951
5. SEX Male 2	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married (Specify)	8. DATE OF BIRTH Aug. 22, 1892
9. AGE (In years last birthday) 58		10. MONTHS 7	11. DAYS 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Arkansas
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME Unknown	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Ruth Lock	
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. 721-05-6047	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruth Lock, Dexter, Mo. R 1.		ADDRESS	
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) Apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Exposure	
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) -----		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 ---, 19---, to ---, 19---, that I last saw the deceased alive on ---, 19---, and that death occurred at 1:00 A.M. from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Way W. Rainey Coroner		23b. ADDRESS Dexter, Mo.	
23c. DATE SIGNED 2-17-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-19-51	
24c. NAME OF CEMETERY OR CREMATORY Dexter Colored		24d. LOCATION (City, town, or county) (State) Dexter, Mo.	
DATE REC'D BY LOCAL REG. 2-21-51		REGISTRAR'S SIGNATURE (Signature) 409	
25. FUNERAL DIRECTOR'S SIGNATURE Strickland-Rainey		ADDRESS Dexter, Mo.	

RECEIVED

FEB 23 1951

DISTRICT HEALTH OFFICE No. 6

No.

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

working under my personal supervision.

Student-Embalmer No.

Signed.....
Student Embalmer

Signed.....

[Handwritten Signature]
Licensed Embalmer No. 2479

P. O. Address Dexter, 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.