No. 300
10-46

FILED OCT 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36153

State File No.

BIRTH NO. REG. DIST. NO. 854 PRIMARY REG. DIST. NO. 6210 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY: TEXAS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL UPTON
c. LENGTH OF STAY (in this place): 8 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HUGGINS, MO.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: TEXAS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL UPTON
d. STREET ADDRESS (If rural, give location): HUGGINS, MO.

3. NAME OF DECEASED (Type or Print)
a. (First): MARTELIA
b. (Middle):
c. (Last): LOCKLIN

4. DATE OF DEATH (Month): 9 (Day): 18 (Year): 51

5. SEX: F. 1
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: FEB. 17 1892
9. AGE (In years last birthday): 59 If under 1 year: Months 7 Days 7 If under 1 hr.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: SAME
11. BIRTHPLACE (State or foreign country): DUNN, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: TOM C. BUTTS
13b. MOTHER'S MAIDEN NAME: CHRISTY ANN COBLE
14. NAME OF HUSBAND OR WIFE: HARRY LOCKLIN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Tom Butts ADDRESS: Huggins, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hodgkins Disease — INTERVAL BETWEEN ONSET AND DEATH: 18 mo

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 201X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-12, 1950, *to* 9-15, 1951, *that I last saw the deceased alive on* 9-15, 1951, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. A. Craig (Degree or title) D.O.
23b. ADDRESS: Mountain Grove Mo
23c. DATE SIGNED: 9-24-51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 9/21/51
24c. NAME OF CEMETERY OR CREMATORY: HOPE WELL
24d. LOCATION (City, town, or county) (State): TEXAS, CO. MO.

DATE REC'D BY LOCAL REG.: Sept 30-51
REGISTRAR'S SIGNATURE: Myrtie Craig
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Ric Barber Mtn. Grove

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. Springfield
RECEIVED OCT 3 1921
Dist. File 10-5-1828
Date Filed 10-7-54

MOUNTAIN GROVE GENERAL HOSPITAL

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MOUNTAIN GROVE GENERAL HOSPITAL

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 Ru Barber

Licensed Embalmer No. 3848

P. O. Address Mtn. Grove

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.