

FILED FEB 2 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1358  
313

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No.
1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <del>K-C Mo.</del> KANSAS CITY MO		
d. FULL NAME OF HOSPITAL OR INSTITUTION: Sheffield Steel Co. 6900 Winner Road		d. STREET ADDRESS (If rural, give location) 218 North Clinton Place		
3. NAME OF DECEASED (Type or Print) a. (First) Orville		c. (Last) Lockhart		4. DATE OF DEATH (Month) (Day) (Year) 1-20-52
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 12-1-17	9. AGE (In years last birthday) 35 3/4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel worker		10b. KIND OF BUSINESS OR INDUSTRY Sheffield Steel		11. BIRTHPLACE (State or foreign country) Mo.
12. CITIZEN OF WHAT COUNTRY? American		13a. FATHER'S NAME Earl Lockhart		
13b. MOTHER'S MAIDEN NAME Edith Barker		14. NAME OF HUSBAND OR WIFE Mildred Duncan LOCKHART		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes Navy WW 2		16. SOCIAL SECURITY NO. 522-09-9643		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mildred Lockhart
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Head & Chest ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9103 11		
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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, office bldg., etc.) Factory		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson MO
21d. TIME OF INJURY 1-20-52 1:30 PM		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. HOW DID INJURY OCCUR? Hand fell on diseased
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 _____ m., from the causes and on the date stated above.				
23a. SIGNATURE Hugh H. Owens (Degree or title)		23b. ADDRESS 1034 1/2 North Blvd		23c. DATE SIGNED 1-21-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-21-52		24c. NAME OF CEMETERY OR CREMATORY Odessa Cemetery
24d. LOCATION (City, town, or county) (State) Odessa, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sheil Funeral Home K.C. Mo		
DATE REC'D BY LOCAL REG. 1-21-52		REGISTRAR'S SIGNATURE Geraldine Holmes		

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**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.**