

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15645

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>525</u>	
1. PLACE OF DEATH a. COUNTY <u>Bushanan.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bushanan.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) FOR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>24 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) FOR TOWN <u>St. Joseph.</u>		<u>0117</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital no. 2.</u>				d. STREET ADDRESS (If rural, give location) <u>2324 So. 6th. St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u>		b. (Middle) <u>CLIFTON</u>		c. (Last) <u>LOCKLIN.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-18-1952</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>5-2-1892.</u>	
9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>16</u>		IF UNDER 1 YEAR Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cape owner.</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Cape business.</u>		11. BIRTHPLACE (State or foreign country) <u>Lover, Missouri</u>	
13a. FATHER'S NAME <u>Sylvester John Locklin</u>				13b. MOTHER'S MAIDEN NAME <u>Caroline O'Dell</u>		14. NAME OF HUSBAND OR WIFE <u>Alva Lee Locklin.</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>Alva Lee Locklin - 2324 So. 6th St. Joseph, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Syphilis.</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Psychosis</u>				<u>1 year.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
		<u>026X</u>					
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <u>4-24-1952</u> , to <u>5-18-1952</u> , that I last saw the deceased alive on <u>5-17-1952</u> , and that death occurred at <u>1:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Parrest Thomas</u>				(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>State Hospital No 2 St. Joseph Mo</u>	
23c. DATE SIGNED <u>5-18-1952</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-20-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>MAY 20, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Carter</u>		446		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John E. Ruff</u> St. Joseph, Mo.	

(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~~

..... Student Embalmer No.

working under my personal supervision.

Signed Edwin E. Boyer

Signed
Student Embalmer

Licensed Embalmer No. 4795

P. O. Address St Joseph 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.