

FILED MAY 26 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16092  
Registrar's No. 493

BIRTH NO. _____		REG. DIST. NO. <b>128</b>		PRIMARY REG. DIST. NO. <b>2000</b>		Registrar's No. <b>493</b>	
1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. -If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Webster</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. LENGTH OF STAY (in this place) <b>1 day</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Seymour</b>		<b>1120</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MARK OSTEOPATHIC HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>Seymour</b>			
3. NAME OF DECEASED (Type or Print) <b>Burdette</b>		a. (First)		b. (Middle) <b>Lockhart</b>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <b>5-17-1952</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>4-24-82</b>		9. AGE (in years last birthday) <b>70</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 18 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer &amp; Real Estate</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm &amp; Real Estate</b>		11. BIRTHPLACE (State or foreign country) <b>West Virginia</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Alfred Lockhart</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Lena Lockhart</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Lena Lockhart, Seymour, Mo.</b>			
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) <b>Hemorrhage and Shock</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Gun Shot Wound into skull (frontal)</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>E976X</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <b>5-16-52</b>		19b. MAJOR FINDINGS OF OPERATION <b>Fracture of skull &amp; hemorrhage.</b>		Fragment of bullet removed.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Seymour Webster Missouri</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>5-16-52</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Shot self.</b>			
22. I hereby certify that I attended the deceased from <b>5-16-1952</b> to <b>5-17-1952</b> , that I last saw the deceased alive on <b>5-17-1952</b> , and that death occurred at <b>11:52 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Thurman P. Notch, D.D.</b>				23b. ADDRESS <b>700 E. Sunshine, Springfield</b>		23c. DATE SIGNED <b>5-17-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-20-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Seymour Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Seymour, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>5-20-52</b>		REGISTRAR'S SIGNATURE <b>James R. Amos, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Don Farrell, Mansfield, Mo.</b>		ADDRESS	

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

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**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 \_\_\_\_\_

W. K. FERRELL

working under my personal supervision.

Student Embalmer No. 444

Signed W. K. Ferrell  
Student Embalmer

Signed W. K. Ferrell

Licensed Embalmer No. 4847

P. O. Address Manfield, 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.