

FILED MAY 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17540

State File No. _____

BIRTH NO. <u>30983</u>		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>5985</u>		Registrar's No. <u>61</u>	
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u> <u>0850</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY <u>0850</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fort Leonard Wood, Mo</u>		c. LENGTH OF STAY (In this place) - - - -		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>US Army Hospital</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rebecca</u>		b. (Middle)		c. (Last) <u>Lockridge</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 22 1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>U</u>		8. DATE OF BIRTH <u>21 May 1952</u>	
9. AGE (In years last birthday) _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) Months _____ Days _____	
11. BIRTHPLACE (State or foreign country) <u>US Army Hospital Ft Leonard Wood, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>J. W. Lockridge</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Jo Steele</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>JESSE J. SCHULTE, WOJG, USA, Ft Leonard Wood Mo</u> ADDRESS <u>US Army Hospital</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>Congenital Atelectasis</u> INTERVAL BETWEEN ONSET AND DEATH <u>12 hr 15 min</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u> 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		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		<u>76 25</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)			
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>21 May</u> , 19 <u>52</u> , to <u>22 May</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>22 May</u> , 19 <u>52</u> , and that death occurred at <u>7:30A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Malvern T. Bryan</u> (Degree or title) <u>MALVERN T. BRYAN, Major, MC</u>				23b. ADDRESS <u>US Army Hospital Fort Leonard Wood, Missouri</u>		23c. DATE SIGNED <u>22 May 1952</u>	
24a. BURIAL, CREMATION REMOVAL <u>1</u>		24b. DATE <u>5/23/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jordan Funeral Home</u>		24d. LOCATION (City, town, or county) (State) <u>Centre, Alabama</u>	
DATE REC'D BY LOCAL REG. <u>5-23-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>[Address]</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-23-52
Pulaski County Health Officer
File Number
Date Filed 5-24-52

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 *Walter F. Hedger*

Licensed Embalmer No. *42165*

P. O. Address *Terre Haute, 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.