

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20202

State File No. ....

No. 300  
V. 10.48

0390

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

**FILED** JUL 7 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465 Registrar's No. 645

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>Greene</b> <u>0390</u>	
b. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <b>Springfield Rt. #10</b>		c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <b>Springfield Rt. #10</b> <u>North Campbell</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rt. #10 Eagle Camp</b>		d. STREET ADDRESS (If rural, give location) <b>Rt. #10 Eagle Camp</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Luna</b>	b. (Middle) <b>D.</b>	c. (Last) <b>Locke</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 30 1952</b>
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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>20 Sept. 1876</b>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <b>75</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tourist Court Operator</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Indiana</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Orlando Locke</b>	13b. MOTHER'S MAIDEN NAME <b>Melinda Brooks</b>	14. NAME OF HUSBAND OR WIFE <b>Hettie Locke</b>
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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>500-36-5656</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Hettie Brooks Locke</b>	ADDRESS <b>Rt. #10 Spgfd. Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Degeneration</b>		
	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 <b>No</b>	19b. MAJOR FINDINGS OF OPERATION <b>No</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>4222</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10/17 1957 to 6/27 1952; that I last saw the deceased alive on 6/27 1952, and that death occurred at 7:00P m., from the causes and on the date stated above.

23a. SIGNATURE <i>R. F. Fretz M.D.</i>	23b. ADDRESS <i>Springfield Mo</i>	23c. DATE SIGNED <i>7/1/52</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal Cremation</b>	24b. DATE <b>7-2-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Newcombers Crematory</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>7-1-52</b>	REGISTRAR'S SIGNATURE <i>Edith Williams</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>J. W. Klingner</i>	ADDRESS <b>J. W. Klingner &amp; Co; Springfield, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)



**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.

Signed.....  
Student Embalmer

Signed

Student Embalmer No. ....  
*W. H. Hoopes*  
Licensed Embalmer No. 4071  
P. O. Address *Springfield*

**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.