

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **25367**

BIRTH NO. 43892		REG. DIST. NO. 292		PRIMARY REG. DIST. NO. 4424		Registrar's No. 90	
1. PLACE OF DEATH a. COUNTY Polk 0840				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Polk 0840			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Humansville		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Humansville 0			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Baby Ronnie			b. (Middle) Lee		c. (Last) Locke		4. DATE OF DEATH (Month) (Day) (Year) 7/20/52
5. SEX M 0	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0		8. DATE OF BIRTH 7/20/52		9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0 Days 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Humansville, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John A. Locke			13b. MOTHER'S MAIDEN NAME Thelma Ashlock		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 ADDRESS John Locke Humansville, Mo.			
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) premature 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.					INTERVAL BETWEEN ONSET AND DEATH	
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 774-X			
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 7-20 , 19 52 , to 7-20 , 19 52 , that I last saw the deceased alive on 7-20 , 19 52 , and that death occurred at 8:20 Am. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) A. E. D. Brown D. O. 2				23b. ADDRESS Callins Mo		23c. DATE SIGNED 7-30-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0	24b. DATE 7/20/52	24c. NAME OF CEMETERY OR CREMATORY Trimble Cemetery		24d. LOCATION (City, town, or county) (State) Polk County Missouri			
DATE REC'D BY LOCAL REG. 7/31/52	REGISTRAR'S SIGNATURE Ralph Gordon			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beckwith Funeral Home Humansville			

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 _____

not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *O. H. Beckwith*

Licensed Embalmer No. *3937*

P. O. Address *Humansville 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.