

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

DR. LOCKETT 27745  
State File No. 762-D

FILED AUG 25 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. \_\_\_\_\_

396  
D

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

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>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b> 0391	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BURGE HOSP.</b>		d. STREET ADDRESS (If rural, give location) <b>915 E. GRAND</b> 0	
3. NAME OF DECEASED a. (First) <b>EMMA</b> b. (Middle) <b>HELEN</b> c. (Last) <b>LIKINS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>AUG. 14, 1952</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>SEPT. 13 1890</b>
9. AGE (In years last birthday) <b>61</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>IOWA</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>HENRY UNKNOWN</b>		13b. MOTHER'S MAIDEN NAME <b>HEISE UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>LEWIS LIKINS</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>LEWIS LIKINS</b> ADDRESS <b>SPRINGFIELD, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of TONSIL (ret) with keratocarcinoma</b> ANTECEDENT CAUSES <b>Chronic Pylonephritis</b> DUE TO (b) <b>hives, latent</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 <b>1 1/2 yrs</b>		INTERVAL BETWEEN ONSET AND DEATH <b>? yrs</b>	
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>No operation</b> 145XB	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)			
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 <b>4/15, 1952</b> to <b>8/14, 1952</b> , that I last saw the deceased alive on <b>8/14, 1952</b> , and that death occurred at <b>1:40 pm</b> from the causes and on the date stated above.			
23a. SIGNATURE <b>Charles E. Lockhart M.D.</b> (Degree or title)		23b. ADDRESS <b>Springfield Mo</b>	
23c. DATE SIGNED <b>8/15/52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>8/16/52</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>MAPLE PARK CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD, MO.</b>	
DATE REC'D BY LOCAL REG. <b>8-18-52</b>		REGISTRAR'S SIGNATURE <b>Edith Williamson Registrar</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>H.H. LOHMEYER</b> ADDRESS <b>SPRINGFIELD, MO.</b>			

JAN 23 1984

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.

Student .....

Student Embalmer

Signed

*Walter E. Daniels*

Licensed Embalmer No.

*3898*

P. O. Address

*Springfield 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.