

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

824

State File No.

FILED JAN 27 1953

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4153 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Meade Co.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lockwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Meade</u> <u>MSA</u>	
c. LENGTH OF STAY (in this place) <u>4 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joe</u>		b. (Middle) <u>E</u>	
c. (Last) <u>Lockhart Jr</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 17 1953</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-14-1881</u>
9. AGE (in years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>3</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Meade Kans</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Joe Lockhart</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>unknown</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Loyal H. Fidler</u> ADDRESS <u>Meade Kan</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u> 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. <u>4201</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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) m.	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>1-17-</u> , 19 <u>53</u> , to <u>1-17-</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1-17-</u> , 19 <u>53</u> , and that death occurred at <u>4:30 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Max Heilbrunn</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Lockwood, Mo</u>	23c. DATE SIGNED <u>1-17-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1-20-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Graceland</u>	24d. LOCATION (City, town, or county) (State) <u>Meade Kansas</u>
DATE REC'D BY LOCAL REG. <u>1-18-53</u>	REGISTRAR'S SIGNATURE <u>J. C. Conard</u> <u>478</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. R. Allison</u> <u>Shenfeld Mo</u> ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 9 1959

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 W. R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenville, 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.