

FILED JUN 16 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21825

BIRTH NO.		REG. DIST. NO. 146	PRIMARY REG. DIST. NO. 3026	Registrar's No. 233
1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		7005
d. FULL NAME OF HOSPITAL OR INSTITUTION Sanitarium		d. STREET ADDRESS (If rural, give location) 501 E. Hereford		
3. NAME OF DECEASED (Type or Print) Alice		a. (First)	b. (Middle) L.	c. (Last) Lockenour
4. DATE OF DEATH June 4, 1953		5. SEX female		6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 14, 1869		9. AGE (In years last birthday) 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY self employed		11. BIRTHPLACE (City and State or Foreign Country) Butler County, Kansas.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Thomas Jones		13b. MOTHER'S MAIDEN NAME Eliza W. Ferier
14. NAME OF HUSBAND OR WIFE Lewis Lockenour (deceased)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME L. R. Lockenour, Independence, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. INTERVAL BETWEEN ONSET AND DEATH Years
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cardio-vascular Disease		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterial Hypertension		Years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221		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)
21d. TIME OF INJURY (Month), (Day) (Year) (Hour) (Minute)		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 Feb. 6, 1953, to June 4, 1953, that I last saw the deceased alive on June 3, 1953, and that death occurred at 4:30 A.M. from the causes and on the date stated above.				
23a. SIGNATURE Chas. F. Grunke, M.D.		23b. ADDRESS Independence, Mo.		23c. DATE SIGNED 6/4/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/6/53		24c. NAME OF CEMETERY OR CREMATORY Prairie Home Cem.
24d. LOCATION (City, town, or county) (State) Topeka, Kansas.		25. FUNERAL DIRECTOR'S SIGNATURE G. C. Carson		ADDRESS Independence, Mo.
DATE REC'D BY LOCAL REG. 6-4-53		REGISTRAR'S SIGNATURE		

3.54-0 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK

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

Tom D. Markland

Licensed Embalmer No. _____

4592

P. O. Address _____

Indep M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.