

**STANDARD CERTIFICATE OF DEATH**

25785

State File No. ....

No. 300  
10.48

FILED AUG 3 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 144

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hosp -</u>		d. STREET ADDRESS (If rural, give location) <u>0742</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) Evan b. (Middle) S. c. (Last) Lockhart 4. DATE OF DEATH (Month) (Day) (Year) 7-27-1953

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 8. DATE OF BIRTH 4-29-1869 9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. farmer 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (State or foreign country) Jonesville - Va - 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Putman Lockhart 13b. MOTHER'S MARDEN NAME Katherine Lambert-Olive Campbell 14. NAME OF HUSBAND OR WIFE Lockhart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. unknown 17. INFORMANT'S SIGNATURE OR NAME Mrs. B. Weller-Maitland ADDRESS 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-Pneumonia</u>		<u>4 days</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Fracture hip</u> DUE TO (c) <u>Operation shock</u>		<u>9 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerosis-mycarditis</u>			

19a. DATE OF OPERATION 7-23-53 19b. MAJOR FINDINGS OF OPERATION: Fracture neck left femur E9035 44 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on street 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Maryville Nodaway Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 13-1953 A.M. 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? fall

22. I hereby certify that I attended the deceased from July 13-1953, to 7-27-53, 1953, that I last saw the deceased alive on July 27, 1953, and that death occurred at 7-27 A.M., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D. 23b. ADDRESS Maryville MO 23c. DATE SIGNED 7-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 7-30-1953 24c. NAME OF CEMETERY OR CREMATORY IOOF Cem 24d. LOCATION (City, town, or county) (State) Graham Mo.

DATE REC'D BY LOCAL REG. 7-31-53 REGISTRAR'S SIGNATURE Bess Bolt 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Maryville Mo.

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *J M Peterson*

Licensed Embalmer No. *2279*

P. O. Address *Monroville*

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.