

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43682**

FILED JAN 5 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **225** PRIMARY REG. DIST. NO. **4335** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY <b>MONITEAU</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Moniteau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>TIPTON</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Tipton</b> <b>7660</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ELIZABETH (NMD)</b> b. (Middle) <b>Lock</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 14, 1953</b>		
5. SEX <b>Fe.</b>	6. COLOR OR RACE <b>Wh.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 31, 1880</b>	9. AGE (In years last birthday) <b>73</b>	10. UNDER 1 YEAR Days <b>3</b> Hours <b>13</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>John Boessen</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Porting</b>		14. NAME OF HUSBAND OR WIFE <b>Theodore J. Lock</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>T. J. Lock Jefferson City, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial pneumonia.</b>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>491X</b>		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) (Min)		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 **12/9**, 19**53**, to **12/14**, 19**53**, that I last saw the deceased alive on **12/14**, 19**53**, and that death occurred at **7** A. M., from the causes and on the date stated above.

23a. SIGNATURE <b>J. J. Potts M.D.</b> (Degree or title)		23b. ADDRESS <b>Tipton, Mo.</b>		23c. DATE SIGNED <b>12/15/53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 17, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Jefferson City, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>Dec. 28 1953</b>		REGISTRAR'S SIGNATURE <b>Mrs. Maude Hudson</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Richard D. Conn - Conn Funeral Home, Tipton, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

0680

REC'D  
DEC 1 - 1961

**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.

Signed.....

*Richard D. Conn*

Signed.....

Student Embalmer

Licensed Embalmer No. *4703*

P. O. Address *Jupton, 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.