

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5226

State File No.

BIRTH FILED FEB 24 1954 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 75

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY JASPER | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CARTERVILLE | |
| c. LENGTH OF STAY (in this place) 1 WK | | d. STREET ADDRESS (If rural, give location) 221 EAST WILSON ST. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST JOHNS HOSPITAL | | | |

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|---|--|--|--|---|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) LOCKEY | | b. (Middle) E. | | c. (Last) WHITE | | 4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 12, 1954 | |
| 5. SEX FEMALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | | 8. DATE OF BIRTH JULY 2, 1887 | |
| 9. AGE (In years last birthday) 66 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME | | 11. BIRTHPLACE (State or foreign country) CARTERVILLE, MISSOURI | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |

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|--|--|---|--|---|--|
| 13a. FATHER'S NAME JOHN HEGWOOD | | 13b. MOTHER'S MAIDEN NAME ELIZABETH BURCH | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS MRS. HAROLD DOWNS (CARTERVILLE) MISSOURI | |

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|---|--|---|--|--|--|
| 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. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Postoperative shock. | | INTERVAL BETWEEN ONSET AND DEATH (Specify) | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of the rectum. | | DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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|---|--|--|--|--|--|
| 19a. DATE OF OPERATION 2-12-54 | | 19b. MAJOR FINDINGS OF OPERATION Carcinoma of the rectum. | | 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) | | 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. 4, 1954, to Feb. 12, 1954, that I last saw the deceased alive on February 8, 1954, and that death occurred at 2:18 P.M., from the causes and on the date stated above.

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|--|--|--|--|--|--|
| 23a. SIGNATURE (Degree or title) Vernon S. James M.D. | | 23b. ADDRESS First National Bldg., Joplin, Mo. | | 23c. DATE SIGNED Mo. 2-15-54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE FEB. 15, 1954 | | 24c. NAME OF CEMETERY OR CREMATORY MT HOPE CEMETERY | |
| | | | | 24d. LOCATION (City, town, or county), (State) WEBB CITY, MISSOURI | |

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|----------------------------------|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. 2-17-54 | | REGISTRAR'S SIGNATURE Ed D. James 138 by Dolores Lampkins | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEDGE LEWIS FUNERAL HOME WEBB CITY, MO. | |
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 2 1954

FEB 23 1954

RECEIVED

Jasper County Health Office

County File Number 54-2-140

Date Filed FEB 23 1954

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 Leonard J. Lewis Jr

Licensed Embalmer No. 4081

P. O. Address Webb City, 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.