

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHDR. LOCKHART
State File No. 8311

BIRTH NO. FILED APR 5 1954 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 343

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. MISSOURI b. GREENE 0396	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN SPRINGFIELD		c. LENGTH OF STAY (In this place) LIFE	
d. FULL NAME OF HOSPITAL OR INSTITUTION BURGE HOSP.		e. CITY OR TOWN SPRINGFIELD	
f. STREET ADDRESS 1135 S. WEAVER		g. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) GERTRUDE b. (Middle) STONE c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) MARCH 31 1954	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 26 1896
9. AGE (In years last birthday) 57		10. 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) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	
11. BIRTHPLACE (City and State or Foreign Country) SPRINGFIELD, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME CHARLES WM. DENHAM		13b. MOTHER'S MAIDEN NAME LENA ANN MOSES	
14. NAME OF HUSBAND OR WIFE ERNEST STONE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME ERNEST STONE	
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.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mesaria</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer of Cervix</u> DUE TO (c) <u>of uterus with 4 yrs.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized abd. metastases</u>	
19a. DATE OF OPERATION Oct 1952		19b. MAJOR FINDINGS OF OPERATION Same	
20a. ACCIDENT SUICIDE HOMICIDE (Specify)		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		20d. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <u>1/14</u> , 19 <u>50</u> , to <u>3/31</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>3/31</u> , 19 <u>54</u> , and that death occurred at <u>3 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Chas E Lockhart MD</u>		23b. ADDRESS <u>Springfield, Mo.</u>	
23c. DATE SIGNED <u>4/1/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE <u>4/2/54</u>		24c. NAME OF CEMETERY OR CREMATORY WHITE CHAPEL	
24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.		25. FUNERAL DIRECTOR'S SIGNATURE H. H. LOHMEYER	
25. ADDRESS SPRINGFIELD, MO.		DATE REC'D BY LOCAL REG. 4-2-54	
REGISTRAR'S SIGNATURE <u>John Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE H. H. LOHMEYER	
25. ADDRESS SPRINGFIELD, MO.		25. ADDRESS SPRINGFIELD, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed.....

Walter E. Hummel

Licensed Embalmer No.....38

P. O. Address .SPRINGFIELD

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.