

FILED SEP 20 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30220

State File No. ....

035-0

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 105 PRIMARY REG. DIST. NO. 4177 Registrar's No. 6

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Dunklin</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarkton</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarkton</u>  |  |
| c. LENGTH OF STAY (In this place) <u>18 MOB</u>  |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>  |  | d. STREET ADDRESS (If rural, give location)   |  |

|                                     |                          |                           |                          |                                       |
|-------------------------------------|--------------------------|---------------------------|--------------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Mattie</u> | b. (Middle) <u>(None)</u> | c. (Last) <u>Lockett</u> | 4. DATE OF DEATH (Month) (Day) (Year) |
|                                     |                          |                           |                          | <u>7 29 1954</u>                      |

|                      |                               |   |                                  |   |                        |                       |                        |                       |
|----------------------|-------------------------------|---|----------------------------------|---|------------------------|-----------------------|------------------------|-----------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>2-1-1880</u> | 9. AGE (In years last birthday) <u>74</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 12 HRS. Hours | IF UNDER 12 HRS. Min. |
|----------------------|-------------------------------|---|----------------------------------|---|------------------------|-----------------------|------------------------|-----------------------|

|  |   |  |  |
|--|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | 11. BIRTHPLACE (State or foreign country) <u>Stoddard County, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|--|---|--|--|

|  |  |  |
|--|--|--|
| 13a. FATHER'S NAME <u>George Ryals</u> | 13b. MOTHER'S MAIDEN NAME <u>Francis (Unknown)</u> | 14. NAME OF HUSBAND OR WIFE <u>Frank Lockett</u> |
|--|--|--|

|  |                                     |   |         |
|--|-------------------------------------|---|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Raynard Gamble, Gideon, Missouri</u> | ADDRESS |
|--|-------------------------------------|---|---------|

|   |   |  |   |
|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 hour</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>   |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Hypertensive Cardio-vascular Disease</u><br>DUE TO (c) _____ |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |   |

|                        |  |  |
|------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>443X</u> | 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) (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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 10:00 P., from the causes and on the date stated above.

|   |                                  |                                 |
|---|----------------------------------|---------------------------------|
| 23a. SIGNATURE <u>Quinton Tarver</u> (Degree or title) <u>Coroner, Dunklin County</u> | 23b. ADDRESS <u>Kennett, Mo.</u> | 23c. DATE SIGNED <u>8/18/54</u> |
|---|----------------------------------|---------------------------------|

|   |                            |  |  |
|---|----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>7-31-1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Stoddard</u> | 24d. LOCATION (City, town, or county) (State) <u>Clarkton, Mo.</u> |
|---|----------------------------|--|--|

|   |  |   |         |
|---|--|---|---------|
| DATE REC'D BY LOCAL REG. <u>8-21-54</u> | REGISTRAR'S SIGNATURE <u>Marguerite George</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd Russell Leggett, Ark.</u> | ADDRESS |
|---|--|---|---------|

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT..... 9-15-54.....

COUNTY FILE NUMBER 954-242.....

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. 519

working under my personal supervision.

Student Valie Rex Cook  
Student Embalmer

Signed Leroy J. Tyler

Licensed Embalmer No. 4941 MD

P. O. Address Piggott Ark

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.