

FILED NOV 23 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39876**

BIRTH NO. _____		REG. DIST. NO. <b>340</b>		PRIMARY REG. DIST. NO. <b>6152</b>		Registrar's No. <b>2</b>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>Stoddard</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Stoddard</b>			
b. CITY (If outside corporate limits, write RURAL and give town or town Rural (Liberty))		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <b>Rural (Liberty)</b>		<b>1030</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Farm</b>				d. STREET ADDRESS (If rural, give location) <b>R.F.D. #4, Dexter, Mo.</b>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <b>Jessie</b>	b. (Middle) <b>Franklin</b>	c. (Last) <b>Locke</b>	(Month) <b>Nov.</b>	(Day) <b>16,</b>	(Year) <b>1954</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 10, 1889</b>		9. AGE (In years last birthday) <b>65</b>	# UNDER 1 YEAR <b>3</b>	# UNDER 1 YEAR <b>6</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>Tenn.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>			
13a. FATHER'S NAME <b>Herman Locke</b>		13b. MOTHER'S MAIDEN NAME <b>Sallie Massey</b>		14. NAME OF HUSBAND OR WIFE <b>Minta Locke</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes W.W.I</b>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Minta Locke, Dexter, Mo. R.4</b>				
18. CAUSE OF DEATH	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Eccubiosis</b>					<b>3 yr</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES						
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
	DUE TO (b) <b>Cerebral Sclerosis</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 _____					20. AUTOPSY? <b>YES</b> <input type="checkbox"/> <b>NO</b> <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 <b>1951</b> to <b>1954</b> , to <b>Missouri</b> , <b>1954</b> that I last saw the deceased alive on <b>Dec. 7, 1954</b> , and that death occurred at <b>7:40</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>W. E. Rainey</b>				23b. ADDRESS <b>Dexter</b>		23c. DATE SIGNED <b>11-17-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11-18-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn</b>		24d. LOCATION (City, town, or county) <b>Campbell, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>11-20-54</b>	REGISTRAR'S SIGNATURE <b>Delusa D. Jenkins</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Strickland-Rainey</b>		ADDRESS <b>Dexter, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

11303

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 \_\_\_\_\_

*Lucille Ramsey*

Student Embalmer No. 508

working under my personal supervision.

Student *Lucille Ramsey*...  
Student Embalmer

Signed *[Signature]*  
Licensed Embalmer No. 3479

P. O. Address Weymouth, Mass.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.