

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 1 - 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 76 PRIMARY REG. DIST. NO. 3502 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Cole</u> 1		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> <u>0260</u>	
b. CITY OR TOWN <u>Jefferson City R#4</u> c. LENGTH OF STAY (In this place) <u>3 mo.</u>		c. CITY OR TOWN <u>Jefferson City R#4</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clark ownership</u>		e. STREET ADDRESS (If rural, give location) <u>Clark Township</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u> b. (Middle) <u>CHRISTINA</u> c. (Last) <u>LOCK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 13, 1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 28, 1890</u>
9. AGE (In years last birthday) <u>64</u> 1/2		10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) <u>Osage City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William J Schmitz</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Detachel</u>	
14. NAME OF HUSBAND OR WIFE <u>Frank Lock</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (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>Frank Lock - R4 - Jemo.</u> ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia lobar left lower</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES		DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Hypertensive Cardio Vascular Disease</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>490 X</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 <u>Dec 1, 1954</u> , to <u>Jan 13, 1955</u> , that I last saw the deceased alive on <u>Jan 12, 1955</u> , and that death occurred at <u>8 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. B. Lebler M.D. - O</u>		23b. ADDRESS <u>Jefferson City, Mo.</u>	
23c. DATE SIGNED <u>1-14-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/17/55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Stanislaus</u>		24d. LOCATION (City, town, or county) (State) <u>Wardville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1/24-1955</u>		REGISTRAR'S SIGNATURE <u>Mr. T. P. Glover '70</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Sylvester Dulle J.C. Mo.</u>		ADDRESS	

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..... *Sylvester Quill*.....  
Licensed Embalmer No. 432

P. O. Address..... *Jefferson*.....

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.