

FILED APR 4 1955

STANDARD CERTIFICATE OF DEATH

State File No. 7629

BIRTH NO. REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Osage	
b. CITY (If outside corporate limits, write RURAL and give town or township) Jefferson City		c. LENGTH OF STAY (In this place) 2 Weeks	c. CITY OR TOWN Koeltztown, Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Marys Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 0769	

3. NAME OF DECEASED (Type or Print) BERNADINE		a. (First) b. (Middle) c. (Last) LOCK		4. DATE OF DEATH (Month) (Day) (Year) MARCH 24, 1955	
5. SEX Female	6. COLOR (OR RACE) White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 20, 1904	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months 10 Days 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Koeltztown, Mo.	
				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Frank Meyer		13b. MOTHER'S MAIDEN NAME Mary Hilke		14. NAME OF HUSBAND OR WIFE Lawrence Lock	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lawrence Lock Koeltztown, Mo.	

18. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
*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: Carcinomatous General			
		ANTECEDENT CAUSES: Metastatic from			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Craniobony tumor of			
		DUE TO (c) ovarian			
		II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 12-4-54		19b. MAJOR FINDINGS OF OPERATION as above		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) 3		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 175 X	
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 Nov. 26, 1954, to Mar. 24, 1955, that I last saw the deceased alive on Mar. 24, 1955, and that death occurred at 5:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE J. A. Osman M.D. (Degree or title)		23b. ADDRESS Jefferson City, Mo.		23c. DATE SIGNED Mar. 28, 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/28.55		24c. NAME OF CEMETERY OR CREMATORY St. Boniface	
				24d. LOCATION (City, town, or county) (State) Koeltztown, Mo.	

DATE REC'D BY LOCAL REG. Mar 28-55		REGISTRAR'S SIGNATURE R. P. Davis M.D. R		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sylvester Della J. C., Mo.	
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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.....
Robert Dulle

Licensed Embalmer No. 432

P. O. Address *Jefferson City*

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.