

FILED NOV 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35830

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 217

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY OR TOWN Kirksville
c. LENGTH OF STAY (In this place) YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Adair
c. CITY OR TOWN Kirksville
d. STREET ADDRESS 706 North Luther St

3. NAME OF DECEASED (Type or Print)
a. (First) Emma b. (Middle) May c. (Last) Lockhart

4. DATE OF DEATH (Month) (Day) (Year)
Oct. 21, 1955

5. SEX Female
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH Jan. 17, 1893

9. AGE (In years) (Months) (Days) (Hours) (Min.)
62

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and State or Foreign Country) Iowa

12. COUNTRY OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Samuel Wm. Lockhart

13b. MOTHER'S MAIDEN NAME Mary Elizabeth Mitchell

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None

16. SOCIAL SECURITY NO. 488-18-5683

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lillian Fox Kirksville, Mo

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pending autopsy Acute myocardial failure
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-sclerotic heart disease and generalized arterio-sclerosis
DUE TO (c) Biliary cirrhosis + fatty necrosis of pancreas due to fibrous obstruction of Ampulla of Vater.

INTERVAL BETWEEN ONSET AND DEATH
2 weeks
2 years
2 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
4200

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 1953, to Oct. 21, 1955, that I last saw the deceased alive on Oct. 21, 1955, and that death occurred at 1:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Howard E. Gross, D.O.

23b. ADDRESS 1102 E. Normal, Kirksville, Mo

23c. DATE SIGNED 10/24/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10-23-55

24c. NAME OF CEMETERY OR CREMATORY Maple Hills Cemetery

24d. LOCATION (City, town, or county) (State) Kirksville, Mo

DATE REC'D BY LOCAL REG. 10-24-55

REGISTRAR'S SIGNATURE Kate Lambert

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul M. Riley Kirksville Mo

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
Student Embalmer

Signed

George W. Davall

Licensed Embalmer No.

4799

P. O. Address

Hipsville

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

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