

FILED JAN 18 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH43333  
State File No. 5761

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>9 years</b>		c. CITY OR TOWN <b>KANSAS CITY</b>		Residence within limits of city of incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>EARLY</b> b. (Middle) _____ c. (Last) <b>LOCK</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>December 30, 1955</b>			
5. SEX <b>2</b> <b>Male</b>		6. COLOR OR RACE <b>Colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>August 11, 1895</b>	
9. AGE (In years last birthday) <b>60</b>		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours		IF UNDER 12 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life. (Ten if retired) <b>NOTE Janitor</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Twin oak apt.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Sparkman, Arkansas</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>							
13a. FATHER'S NAME <b>Jesse Locke Lock</b>			13b. MOTHER'S MAIDEN NAME <b>Stee Williams, Linnaea</b>			14. NAME OF HUSBAND OR WIFE <b>Lula</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WWI</b>		16. SOCIAL SECURITY NO. <b>288 07 4160</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA Hospital Official Records, K. C. Mo.</b>			
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) <b>Pulmonary congestion and edema</b>							
*This does not mean the mode of dying, such as heart failure, ashenia, 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>Generalized arteriosclerosis and cardiomegaly</b> DUE TO (c) <b>Encephalomalocia</b>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4500</b>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <b>SUICIDE</b>		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) <b>VA</b>		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>Dec. 21</b> , 19 <b>55</b> , to <b>Dec. 30</b> , 19 <b>55</b> , <del>XXXXXXXXXXXXXXXXXXXX</del> and that death occurred at <b>1:00P m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>GUIDO PODRECCA, M.D. Podrocca</b>				23b. ADDRESS <b>VA Hospital, Kansas City, Mo.</b>		23c. DATE SIGNED <b>12/30/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1/3/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>—</b>		24d. LOCATION (City, town, or county) (State) <b>Arkadelphia, Arkansas</b>	
DATE REC'D BY LOCAL REG. <b>1-3-56</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. C. Lewis</b>		ADDRESS <b>1415 Luma</b>	

(Licensed Embalmer's Statement on Reverse Side)

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 *Landis L. Jackson*.....

Licensed Embalmer No. *48*.....

P. O. Address *R.C.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitute's 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.