

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5299**

FILED MAR 15 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4240 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Blue Springs</b>		c. CITY OR TOWN <b>Blue Springs</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>10 ys</b>		e. STREET ADDRESS (If rural, give location) <b>1802 West Walnut</b> <u>2000</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1802 West Walnut</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mettie</b> b. (Middle) <b>D</b> c. (Last) <b>Lockard</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar 6 1956</b>			
5. SEX <b>Fm</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Aug 2 1871</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Days	IF UNDER 10 Hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Housekeeper O.A.P</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Blue Springs Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>James Wood</b>		13b. MOTHER'S MAIDEN NAME <b>Pollie Dillingham</b>		14. NAME OF HUSBAND OR WIFE <b>Wilber Lockard, Deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Francus Kirby</b> ADDRESS <b>615 N Union Indn Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia (terminal)</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6-8 hrs</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>cardiac failure</b>			<b>6-8 hrs.</b>
		DUE TO (c) <b>arterial sclerotic cardiovascular disease</b>			<b>10 yrs +</b>
		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? 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) <b>4221</b>	
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 1-6, 1953, to 3-, 1956, that I last saw the deceased alive on 3-5, 1956, and that death occurred at 1230A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Merrill R. Baym D O</b>		23b. ADDRESS <b>Blue Springs, Mo</b>		23c. DATE SIGNED <b>3/6/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Mar 7 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Blue Springs</b>	
		24d. LOCATION (City, town, or county) <b>Blue Springs</b>		(State) <b>Mo</b>	

DATE REC'D BY LOCAL REG. <b>3-9-56</b>		REGISTRAR'S SIGNATURE <b>N.B. Langford</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Webb Funeral Home</b> ADDRESS <b>Blue Springs Mo</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *R Blunt*

Licensed Embalmer No. *2383*

P. O. Address *Blue Springs*

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.