

FILED MAY 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16463**
 BIRTH NO. **30768-56** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1921**

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) OR TOWN <b>Kansas City, mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Queen of the World Hosp. 29</b>		d. STREET ADDRESS (If rural, give location) <b>2610 Brooklyn 2398</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Russell</b>		b. (Middle) <b>Eugene</b>	
c. (Last) <b>Lockridge</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 1 56</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>May 1, 1956</b>
9. AGE (In years last birthday) <b>15</b>		10. UNDER 1 YEAR (Months) (Days) <b>15 5</b>	
11. BIRTHPLACE (State or foreign country) <b>Kansas City, mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>American</b>	
13a. FATHER'S NAME <b>Harvey Lockridge</b>		13b. MOTHER'S MAIDEN NAME <b>Jess Dixon</b>	
14. NAME OF HUSBAND OR WIFE <b>none</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>Mrs. Birdetta Lockridge</b>	
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) <b>Prematurity</b> INTERVAL BETWEEN ONSET AND DEATH <b>NB</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Immaturity</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>770X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <b>5-1-1956</b> , to <b>5-1-1956</b> , that I last saw the deceased alive on <b>5-1-1956</b> , and that death occurred at <b>10:15 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Stark J. Williams M.D.</b> (Degree or title) of		23b. ADDRESS <b>2462 A Brooklyn</b>	
23c. DATE SIGNED <b>5/2/56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>5/15/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Highland</b>	
24d. LOCATION (City, town, or county) (State) <b>K.C., Mo.</b>		24e. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <b>5-3-56</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. Marshall</b>		ADDRESS <b>18th &amp; Bent</b>	

(Licensed Embalmer's Statement on Reverse Side)

 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Stark J. Williams

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed *Bruce R. Watkins*  
Student Embalmer No.....

Licensed Embalmer No. *4500*

P. O. Address *18th + Beula*

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

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