

FILED MAY 21 1956

STANDARD CERTIFICATE OF DEATH

State File No. **19269**BIRTH NO. _____ REG. DIST. NO. **323** PRIMARY REG. DIST. NO. **4474** Registrar's No. **9**

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Saline | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sweet Springs | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Houstonia | |
| c. LENGTH OF STAY (in this place) 5 days | | d. STREET ADDRESS (If rural, give location) 0800 1 | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION | | | |

| | | | | | |
|---|----------------------------------|--|--|--|---------------------------------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| a. (First) Audrey | b. (Middle) Winona | | c. (Last) Lockney | | day 10 year 1956 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH (last birthday) | | 9. AGE (in years last birthday) |
| | | | September 5, 1882 | | 73 |
| | | | | | 8 5 |
| 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) Concordia, Missouri | |
| | | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |

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|---|--|---|--|--|--|
| 13a. FATHER'S NAME Alexander Atwood | | 13b. MOTHER'S MAIDEN NAME Emily Highfield | | 14. NAME OF HUSBAND OR WIFE Joseph Lockney | |
| 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. -0- | | 17. INFORMANT'S SIGNATURE OR NAME Mr. Cecil Lockney, Houstonia, Mo | |
| | | | | ADDRESS | |

| | | | | | |
|---|--|---|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| <p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE PULMONARY EDEMA | | 90 min | |
| | | ANTECEDENT CAUSES | | | |
| | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ACUTE MYOCARDIAL INFARCTION DUE TO (c) Coronary Insufficiency | | 3 mos. 4 yrs. | |
| 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 4201 | | 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) | |
| 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 **JUNE 1955**, to **MAY 1956**, that I last saw the deceased alive on **MAY 10, 1956**, and that death occurred at **2:45 A.M.**, from the causes and on the date stated above.

| | | | | | |
|--------------------------------------|--|--|--|------------------------------------|--|
| 23a. SIGNATURE <i>[Signature]</i> | | 23b. ADDRESS Sweet Springs, Mo | | 23c. DATE SIGNED 5-11-56 | |
|--------------------------------------|--|--|--|------------------------------------|--|

| | | | | | |
|--|--|---------------------------------|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE May 12 1956 | | 24c. NAME OF CEMETERY OR CREMATORY Houstonia, Mo. | |
| | | | | 24d. LOCATION (City, town, or county) (State) Houstonia, MO. | |

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|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. May 13, 1956 | | REGISTRAR'S SIGNATURE <i>[Signature]</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> | |
| | | | | ADDRESS Sweet Springs | |

(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
Student Embalmer

Signed

L. J. Parker

Licensed Embalmer No. 3840

P. O. Address

Sweet Springs, W.

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