

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21274**

FILED JUN 18 1956

BIRTH NO. _____ REG. DIST. NO. **231** PRIMARY REG. DIST. NO. **58** Registrar's No. **41**

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Montgomery Twp Twb	c. LENGTH OF STAY (In this place) 2 weeks	c. CITY OR TOWN Poalo Kan	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Road side		e. STREET ADDRESS (If rural, give location) nOne R. R # 4 815 8	

3. NAME OF DECEASED (Type or Print) a. (First) Sandra b. (Middle) K. Lockwood c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) June 7 th 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 7/27/1948	9. AGE (In years last birthday) if UNDER 1 YEAR Months Days if UNDER 1 HR. Hours Min. 7 yr	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Kansas City Kans		12. CITIZEN OF WHAT COUNTRY? U. S. A

13a. FATHER'S NAME J.M. Lockwood	13b. MOTHER'S MAIDEN NAME Anna Keith	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	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS J.M. Lockwood Buell 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
	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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Elkorn Creek	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Near Buell Montgomery Missouri
21d. TIME OF INJURY (Month) (Day) (Year) Near Mid-Night June 7th 1956	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Elkorn Car wreck & Drowned in creek

22. I hereby certify that I attended the deceased from **Near Mid-Night 6-7-56**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L.E. Robertson Coroner	23b. ADDRESS Montgomery City Mo	23c. DATE SIGNED 6-10-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-10-56	24c. NAME OF CEMETERY Montgomery City
24d. LOCATION (City, town, or county) (State) Montgomery City Mo		

DATE REC'D BY LOCAL REG. 6/12/56	REGISTRAR'S SIGNATURE Laura B Callaway	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. H. ... MONTGOMERY CITY MO
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

500

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, ~~XXX~~ on the 8th day of June 1956....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *C. W. Hopkins*.....

Licensed Embalmer No. 1487
Montgomery City Mo
P. O. Address.....

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.