

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9721**

FILED APR 1 - 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **295** PRIMARY REG. DIST. NO. **6015** Registrar's No. **250**

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

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Salt Spring Twp.</b>		c. CITY OR TOWN <b>Huntsville</b> <i>1880</i>	
c. LENGTH OF STAY (In this place) <b>6 months</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Pleasant View Home 4</b>		e. STREET ADDRESS (If rural, give location) <b>Johnson Street</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Della</b>		b. (Middle) _____ c. (Last) <b>Locke</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>March 22 1957</b>			
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>July 21, 1876</b>
9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Iowa</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>John Deuser</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Breon</b>	
14. NAME OF HUSBAND OR WIFE <b>Charles W. Locke</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Warren B. Williamson: LaPlata, 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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>D.K.</b>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>none</b>	20. AUTOPSY? <b>2</b> 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>331x</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 <b>Jan 1, 1957</b> , to <b>March 21, 1957</b> , that I last saw the deceased alive on <b>3/21, 1957</b> , and that death occurred at <b>3 p. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>D. V. Deuser M.D.</b>		23b. ADDRESS <b>Huntsville Mo</b>	23c. DATE SIGNED <b>3/25/57</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>3-25-1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>La Plata Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>La Plata, Missouri</b>
DATE REC'D BY LOCAL REG. <b>3/27-1957</b>	REGISTRAR'S SIGNATURE <b>Mary H. Bentley</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Tom B. Patton Huntsville Mo</b>	

(Licensed Embalmers' Statement on Reverse Side)

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APR 9 1957

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 *Tom B. Patton* .....  
Licensed Embalmer No. *3914* .....

P. O. Address *Humboldt* .....

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.