

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED JUL 25 1957

State File No. **25148**

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY OR TOWN <u>HIGH RIDGE MO</u>		c. CITY OR TOWN <u>HIGH RIDGE</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>PRESANT VIEW DRIVE 82nd</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MERAMEC TOWNSHIP</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>FREDRICK</u>	b. (Middle) <u>A</u>	c. (Last) <u>LOCKE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7-12-57</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT. 13-1880</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Month Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BRICKLAYER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>BOWLING GREEN KY.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JOSEPH LOCKE</u>	13b. MOTHER'S MAIDEN NAME <u>MARY Jane Smith</u>	14. NAME OF HUSBAND OR WIFE <u>ELLA M. LOCKE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>198-20-721 NO. 59-937-238</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ELLA M. LOCKE</u>	ADDRESS <u>HOUSE SPRINGS MO RD 2</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDITIS.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>4222</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>High Ridge Jeff. Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from August, 1957, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Jane C. Shaw D.C. Coroner</u>	(Degree or title)	23b. ADDRESS <u>High Ridge Mo.</u>	23c. DATE SIGNED <u>7/13/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/16/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>M. Martins Cem</u>	24d. LOCATION (City, town, or county) (State) <u>High Ridge Mo</u>
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DATE REC'D BY LOCAL REG. <u>7-14-57</u>	REGISTRAR'S SIGNATURE <u>Robert E. Brewer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Brimmer Tom Hunt</u>	ADDRESS <u>House Springs Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

544

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JUL 25 1957

JUL 22 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.....

Licensed Embalmer No. 1420

P. O. Address Home, Ill.

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.