

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41133

STATE FILE NUMBER

FILED DEC 12 1957

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 474

| | | | | | | | | |
|--|--|---|--|---|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Marion</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u> | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u> | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Hannibal</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Levering</u> | | | | Length of stay in 1b <u>1 hour</u> | | d. STREET (If outside, give location) ADDRESS <u>1634 Singleton</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) <u>FRED K. LOCK</u> First Middle Last | | | | | | 4. DATE OF DEATH <u>December 1, 1957</u> Month Day Year | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>December 27, 1896</u> | | 9. AGE (In years last birthday) <u>60</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Street Commissioner</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>City of Hannibal</u> | | 11. BIRTHPLACE (City and state or country) <u>Hull Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U S A</u> | | |
| 13. FATHER'S NAME <u>Lewis Lock</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Etta G. Pratt</u> | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <u>No</u> | | | 16. SOCIAL SECURITY NO. <u>486 12 5794</u> | | 17. INFORMANT <u>Mrs. Fred K. Lock Hannibal Missouri</u> Address | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: <u>Coronary occlusion</u> IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> <u>4201</u> | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | STATE | |
| 21. I attended the deceased from <u>11-30-57</u> to <u>12-1-57</u> and last saw her/him alive on <u>12-1-57</u> Death occurred at <u>12:40 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>[Signature]</u> | | | | 22b. ADDRESS <u>Hannibal Mo</u> | | 22c. DATE SIGNED <u>Dec 3/57</u> | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or county) | | (State) | |
| <u>Burial</u> | | <u>12/3/1957</u> | <u>Mount Olivet Cemetery</u> | | <u>Hannibal Missouri</u> | | | |
| 24. FUNERAL DIRECTOR <u>[Signature]</u> ADDRESS <u>Hannibal Missouri</u> | | | 25. DATE RECD. BY LOCAL REG. <u>12-5-57</u> | | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service
300 1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

89-0

RECEIVED DEC 10 1957
MARION CO. HEALTH DEPT.
DATE FILED DEC 10 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 *W. Crawford Smith*.....

Licensed Embalmer No... 3814

P. O. Address Hannibal, Miss.

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.