

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1032

State File No.

FILED JAN 22 1958

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>HARRISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>HARRISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bethany</u>	c. LENGTH OF STAY (If this place) <u>4 hrs</u>	c. CITY OR TOWN <u>Eagleville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Reid Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>None</u> <u>0410</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CENORA</u>	b. (Middle) <u>Viola</u>	c. (Last) <u>Lockwood</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 14 1958</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 17, 1893</u>	9. AGE (In years last birthday) <u>64</u> of UNDER 1 YEAR Months <u>8</u> Days <u>28</u> of UNDER 12 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeping</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House Keeping</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>C. S. COOT</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca A O'NEAL</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph S. Lockwood Dec</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>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Glen Edwards</u>	ADDRESS <u>Blythe Dale, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>1st & 2nd Degree Burns of approximately 80% body surface</u>		<u>4 hrs.</u>
	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>9160</u> <u>16</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Eagleville 041 Harrison Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-14-58 8:00 A</u>	21e. INJURY OCCURRED WHILE AT REST <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Clothing caught fire from stove</u>
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22. I hereby certify that I attended the deceased from 1-14-58, 1958, to 1-14-58, 1958, that I last saw the deceased alive on 1-14-58, 1958, and that death occurred at 12:15 p.m. of the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G. H. Thorge</u> <u>D.O.</u>	23b. ADDRESS <u>Bethany, Mo.</u>	23c. DATE SIGNED <u>1-17-58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-17-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hobbs Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Harrison Co, Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-17-58</u>	REGISTRAR'S SIGNATURE <u>Jella Mavery</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Israel A. Eggen</u>	ADDRESS <u>Eagleville, Mo.</u>
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(Licensee, 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.....
Signature of Student Embalmer

Signed *Lerald W. Burgess*.....

Licensed Embalmer No. *476*

P. O. Address *Egleville*

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.