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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 10 1958

58-005677
STATE FILE NUMBER 777

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1651 Summit — Length of stay in 1b: about 25 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1651 Summit — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First KATHERINE Middle Last LOCKE

4. DATE OF DEATH: Month Feb. Day 11 Year 1958

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 8-14-1879
9. AGE (In years last birthday): 77 78 — 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): Housemaker
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): unknown
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: — mc Gode
13b. MOTHER'S MAIDEN NAME: Martha —
14. NAME OF HUSBAND OR WIFE: Thomas Locke

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT: Homer Hempel — Address: 2401 Myrtle

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion
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: 4 yrs
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 [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Hugh H Owens (Degree or title) Coroner
22b. ADDRESS: 1034 Pratt Bldg
22c. DATE SIGNED: 2-11-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-15-58
23c. NAME OF CEMETERY OR CREMATORY: St. Mary's Cem
23d. LOCATION (City, town, or county) (State): Kansas City - Mo

24. FUNERAL DIRECTOR: Mellody-McGilley-Eylar Funeral Home — ADDRESS: Woodland - Linwood
25. DATE RECD. BY LOCAL REG.: 2-13-58
26. REGISTRAR'S SIGNATURE: Neva Meinshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Hugh H. Owens

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 E. C. Gibson

Licensed Embalmer No. 437

P. O. Address Excelsior Springs