

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032816

STATE FILE NUMBER

4583

FILED OCT 15 1958

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

5. 300 0
1-57

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A. Hospital		Length of stay in lb 137 days	d. STREET ADDRESS (If outside, give location) 2066 North 3rd		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) NAPOLEON LOCKE			4. DATE OF DEATH Month 9th Day 27th Year 1958		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-3-91	9. AGE (In years last birthday) 66 yrs	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Constructor Laboren		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) Glasgow, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME John Locke		13b. MOTHER'S MAIDEN NAME Elizabeth Hughes		14. NAME OF HUSBAND OR WIFE Annis Locke	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. 510 03 9005	17. INFORMANT V.A. Hospital Records, K.C., Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Lymphoid leukemia					
DUE TO (c) _____					2040
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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 _____ a.m. _____ p.m.					
20d. INJURY OCCURRED WHILE AT <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 May 12, 1958 to September 27, 1958 on _____ Death occurred at 12:15 am on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE E. Foroughi MD		22b. ADDRESS V.A. Hospital, K.C., Mo		22c. DATE SIGNED 9-27-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Sept. 30, 58	23c. NAME OF CEMETERY OR CREMATORY Bonner Springs,	23d. LOCATION (City, town, or county) (State) Bonner Springs, Ks.		
24. FUNERAL DIRECTOR Nathan W. Thatcher		ADDRESS K.C.K.	25. DATE RECD. BY LOCAL REG. 9-29-58	26. REGISTRAR'S SIGNATURE neva minshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

E. Foroughi

All diseases in Part I must be causally related.

25

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 *Clifford J Woods*
Licensed Embalmer No. *3106*
P. O. Address *1520 N. 5th*

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.