

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042846
State File No.

FILED NOV 17 1958

BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 500 Registrar's No. 2764

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

| | | | |
|---|-------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Manchester</u> | | c. LENGTH OF STAY (in this place) <u>3 days</u> | c. CITY OR TOWN <u>Kirkwood</u> <u>46830</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Manchester Nursing Home</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| e. STREET ADDRESS <u>529 N. Clay Ave.</u> | | (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JACKSON</u> | | b. (Middle) <u>S.</u> | c. (Last) <u>LOCKETT</u> |
| 4. DATE OF DEATH <u>October 28, 1958</u> | | (Month) (Day) (Year) | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>July 10, 1871</u> |
| 9. AGE (In years last birthday) <u>87</u> | | if UNDER 1 YEAR Months <u>3</u> Days <u>18</u> | if UNDER 24 HRS. Hours <u>18</u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Banker</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Gallatin, Tenn.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>William Lockett</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Susan Sanders</u> | | 14. NAME OF HUSBAND OR WIFE <u>Hattie Lockett</u> | |
| 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>498-12-4584</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hattie Lockett</u> ADDRESS <u>529 N. Clay Ave. Kirkwood</u> |
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-vascular disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>family</u> <u>4221</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 | |
| 20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 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) | | | |
| 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? | | | |
| 22. I hereby certify that I attended the deceased from <u>Oct 21, 1958</u> , to <u>Oct 28, 1958</u> , that I last saw the deceased alive on <u>Oct 28, 1958</u> , and that death occurred at <u>8:45 a.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Dr. Loving</u> (Degree or title) | | 23b. ADDRESS <u>Ballwin Mo.</u> | |
| 23c. DATE SIGNED <u>10.28.58</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>10/30/58</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kirkwood, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>10-29-58</u> | | REGISTRAR'S SIGNATURE <u>Robert B. Donk</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Bopp, Inc.</u> ADDRESS <u>Kirkwood, Mo.</u> | | | |

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 *Francis J. Myland Jr*
Licensed Embalmer No. *4512*
P. O. Address *Widewater*

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.