

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-005020

STATE FILE NUMBER

FILED MAR 10 1959

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 46

300

-57

1. PLACE OF DEATH a. COUNTY <b>DUNKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>ALABAMA</b> b. COUNTY <b>LAWRENCE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KENNETT</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>COURTLAND</b> 80108 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MEMORIAL HOSP</b>		Length of stay in 1b <b>2 DAYS</b>	d. STREET ADDRESS (If outside, give location) <b>CITY</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>MATTIE ASHFORD LOCKE</b>			4. DATE OF DEATH Month Day Year <b>FEB. 27 1959</b>		
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>10-11-1887</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	11. BIRTHPLACE (City and state or country) <b>COURTLAND, ALA.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>F.E. ASHFORD</b>	13b. MOTHER'S MAIDEN NAME <b>LUCY LEE BYRD</b>	14. NAME OF HUSBAND OR WIFE <b>OSCAR LOCKE</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>497-16-1071</b>	17. INFORMANT <b>GLEN WALLACE GIDEON, MO.</b> Address
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18. CAUSE OF DEATH (Enter only one cause per item (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7dy</b> <b>1dy</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Coronary occlusion</b>	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>5 strokes - Adams syndrome</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>4201</b>
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.
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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 <b>COURTLAND</b>	COUNTY <b>ALABAMA</b>	STATE <b>ALABAMA</b>
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21. I attended the deceased from <b>3-4-57</b> to <b>2-27-59</b> and last saw him alive on <b>2-27-59</b> Death occurred at <b>6:05 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>Stiguer O. ...</b>	22b. ADDRESS <b>Malden Mo</b>	22c. DATE SIGNED <b>3-4-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>3-1-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>COURTLAND</b>	23d. LOCATION (City, town, or county) (State) <b>COURTLAND, ALA.</b>
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24. FUNERAL DIRECTOR <b>DAY &amp; KNIGHT</b>	ADDRESS <b>MALDEN, MO.</b>	25. DATE REC'D. BY LOCAL REG. <b>3-7-1959</b>	26. REGISTRAR'S SIGNATURE <b>Emil ...</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *J. J. Schuman* .....

Licensed Embalmer No. 4086.....

P. O. Address. MALDEN.....

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.