

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008126
STATE FILE NUMBER

FILED FEB 25 1959

Registration District No. 391 Primary Registration District No. 4505 Registrar's No. 4

Health, Welfare, Public Service, 00, -56, diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH - a. COUNTY Stoddard,				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bollinger,										
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bell City,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Marble Hill, Mo. 0090		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bel' City, Mo.			Length of stay in 1b 4 Years		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First Middle Last Morris J. Lockard,				4. DATE OF DEATH Month Day Year Jan, 26 59										
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 8-11-1874		9. AGE (In years last birthday) 84		10. IF UNDER 1 YEAR Months Days Hours Min. 5 28		11. IF UNDER 24 HRS.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rail Road Engineer				10b. KIND OF BUSINESS OR INDUSTRY Engineer		11. BIRTHPLACE (City and state or country) Cardens Burk Kentucky			12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13. FATHER'S NAME Unknown						14. MOTHER'S MAIDEN NAME Unknown,								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No,				16. SOCIAL SECURITY NO. 702-05-4546		17. INFORMANT Address Mrs Melvina Lockard, Bel' City, 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) <u>Cerebral Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Senility</u>										INTERVAL BETWEEN ONSET AND DEATH				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year a. m. p. m.														
20d. INJURY OCCURRED WHILE AT WORK <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			CITY			STATE		
21. I attended the deceased from <u>June 19, 1957</u> to <u>Jan 26, 1959</u> and last saw <u>him</u> alive on <u>Jan 25, 1959</u> Death occurred at <u>1-26-59 9:20A. m</u> on the date stated above; and to the best of my knowledge, from the causes stated.														
22a. SIGNATURE <u>E. C. Mathis</u> (Degree or title) <u>Dr.</u>						22b. ADDRESS <u>Advance, Mo.</u>			22c. DATE SIGNED <u>Feb. 6, 1959</u>					
23a. BURIAL, CREMATION, REMOVAL, (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) (State)							
Burial		Jan, 28-59		Mtaine Cemetery,			Marble Hill, Mo.							
24. FUNERAL DIRECTOR <u>Coy Smith, Bell City, Mo</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>2/13/59</u>		26. REGISTRAR'S SIGNATURE <u>Service Moore</u>						

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Raymond L. Dwyer*.....

Licensed Embalmer No.....

P. O. Address *Burns*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.