

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020136
STATE FILE NUMBER

FILED JUN 5 1958 Registration District No. 391 Primary Registration District No. 4505 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Missouri b. COUNTY Cape	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bell City,		c. CITY OR TOWN Fornfelt, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bell City		d. STREET ADDRESS (If outside, give location) 4 years,	
3. NAME OF DECEASED (Type or print) First Ester Middle Melvine Last Lockard,		4. DATE OF DEATH Month 3 Day 15 Year 59	
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July-9-1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife,		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 88
13. FATHER'S NAME Unknown		11. BIRTHPLACE (City and state or country) Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. None		14. MOTHER'S MAIDEN NAME Unknown	
17. INFORMANT Mrs Edna Weekes, Bell City, Mo.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Senility			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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)			19. WAS AUTOPSY PERFORMED? 2 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.) 794X		
20c. TIME OF INJURY Hour 10-25 Month, Day, Year a. m. Clock, 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 1957 to 3-15, 59 and last saw her alive on March 14, 1959 . Death occurred at 10-25 Clock, A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) E. C. Meatus	22b. ADDRESS Advocate Mo	22c. DATE SIGNED April 24, 59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-16-59	23c. NAME OF CEMETERY OR CREMATORY Perkins Cemetery	23d. LOCATION (City, town, or county) (State) Perkins, Mo
24. FUNERAL DIRECTOR Shelley Funeral Home Bell City, Mo		25. DATE RECD. BY LOCAL REG. 4/27/59	26. REGISTRAR'S SIGNATURE Bernice Moore

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300
1-56

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STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed.....
Raymond L. Duff

Licensed Embalmer No. 47

P. O. Address *Bermuda*

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.