URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 17 1959

59-040529

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 503

ENDED

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE — Length of stay in 1b 48 HOURS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 2218 EVANSTON — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY PETTIS
c. CITY OR TOWN HOUSTONIA RED — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 3½ S.E. of HOUSTONIA — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First FLORA Middle ANN Last LOCKNEY

4. DATE OF DEATH Month NOVEMBER Day 13 Year 1959

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 11-3-1905
9. AGE (last birthday) 54 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Holden, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME ALVIN TRELOW ~~Cecil B~~
13b. MOTHER'S MAIDEN NAME ABBIE ?
14. NAME OF HUSBAND OR WIFE CECIL B. LOCKNEY

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. 497-34-2963 ~~UNKNOWN~~
17. INFORMANT Address MARY SUE LEWIS-SWEET SPRINGS, MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Adams Stokes Syndrome — INTERVAL BETWEEN ONSET AND DEATH 3 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart Disease — 2 yr.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1953, to 1959 and last saw her/him alive on 11-11-59
Death occurred at 6:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles A. Horley, MD
22b. ADDRESS Sweet Springs, Mo
22c. DATE SIGNED 11-13-59

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE 11-16-59
23c. NAME OF CEMETERY OR CREMATORY HOUSTONIA CEMETERY
23d. LOCATION (City, town, or county) (State) HOUSTONIA Mo

24. FUNERAL DIRECTOR ADDRESS L. F. PARKER-SWEET SPRINGS, MO
25. DATE RECD. BY LOCAL REG. 11- -59
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed L. F. Parker

Signature of Student Embalmer

Licensed Embalmer No. 3840

P. O. Address Sweet Spru

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