JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-011419
STATE FILE NUMBER

FILED VS APR 12 1960

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 94

ENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Prairie — Length of stay in 1b: 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson County Hosp. — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 338 Gladstone — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Homer Middle: ------ Last: Lockman

4. DATE OF DEATH Month: April Day: 3 Year: 1960

5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9/29/1880
9. AGE (last birthday): 79
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): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Rubber Co.
11. BIRTHPLACE (City and state or country): Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: James W. Lockman
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Emma Lockman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): --------
16. SOCIAL SECURITY NO.: 490-24-3378
17. INFORMANT: Emma Lockman, Jackson Co. Hospital — Address: Indep. 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) Arteriosclerotic heart disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) generalized arteriosclerosis
DUE TO (c)
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)

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 4-1-60, to 4-3-60 and last saw her/him alive on 4-3-60
Death occurred at 12:10 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Philip Japer M.D. (Degree or title)
22b. ADDRESS Lee's Summit, Mo
22c. DATE SIGNED 4/4/60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Apr. 5, 1960
23c. NAME OF CEMETERY OR CREMATORY: Lee's Summit Cemetery
23d. LOCATION (City, town, or county) (State): Lee's Summit, Missouri

24. FUNERAL DIRECTOR: Langsford Funeral Home
ADDRESS: Lee's Summit, Missouri
25. DATE RECD. BY LOCAL REG.: 4-5-1960
26. REGISTRAR'S SIGNATURE: N. B. Langsford

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

JUL 20 1960

JUN 19 1964

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 496

P. O. Address _____

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