

FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE
 NATIONAL BUREAU OF VITAL STATISTICS
 U.S. GOVERNMENT PRINTING OFFICE: 1958 O - 288-668

FILED VS JUN 20 1960

=60-022868

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 665

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield,		c. CITY OR TOWN Springfield,	
Length of stay in 1b 22 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		d. STREET ADDRESS (If outside, give location) 630 S. Weller	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First WILLIAM Middle JOHN Last LOCKWOOD			4. DATE OF DEATH June 15, 1960 Month June Day 15 Year 1960		
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 July 27, 1885	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months 10 Days 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Oak Flooring	11. BIRTHPLACE (City and state or country) Richmond Quebec, Canada	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME George F. Lockwood		13b. MOTHER'S MAIDEN NAME Lilla Hungerford	14. NAME OF HUSBAND OR WIFE Della Lockwood		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. Della Lockwood Springfield, 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) Metastatic Carcinoma of Lung, Oterusial		INTERVAL BETWEEN ONSET AND DEATH 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Lung, Oterusial DUE TO (c) Branchogenic Carcinoma		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Malnutrition		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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"/> none	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour none Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> none		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	20g. COUNTY STATE

21. I attended the deceased from **6-3-58** to **6-15-60** and last saw ^{her} him alive on **6-15-60**
 Death occurred at **5:30 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. Paul, M.D. (Degree or title)		22b. ADDRESS 609 Cherry, Springfield, Mo		22c. DATE SIGNED 6/15/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 18, 1960	23c. NAME OF CEMETERY OR CREMATORY Greenlawn	23d. LOCATION (City, town, county) (State) Springfield, Missouri	
24. FUNERAL DIRECTOR ADDRESS Gorman-Scharpf Funeral Home Springfield, Missouri		25. DATE RECD. BY LOCAL REG. 6-17-60	26. REGISTRAR'S SIGNATURE Effie G. Melton	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

In Park

0961 1 702

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 *L. Paulin Forman*

Licensed Embalmer No. 3177

P. O. Address *Springfield*

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