

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016792

STATE FILE NUMBER

Registration District No. 65 Primary Registration District No. _____ Registrar's No. 122

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

FILED MAY 16 1961

1. PLACE OF DEATH
 a. COUNTY CHARITON
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BRUNSWICK TWSP. Length of stay in lb 2 YEARS
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 MILE N.E. OF BRUNSWICK Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MISSOURI COUNTY CHARITON
 c. CITY OR TOWN BRUNSWICK Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 4 MILE N.E. BRUNSWICK Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
JOSEPH EVERETT LOCKARD
 4. DATE OF DEATH Month Day Year
MAY 4 1961

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH AUG 2 1877 9. AGE (last birthday) 83 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) RETIRED FARMER 10b. KIND OF BUSINESS OR INDUSTRY FARMING 11. BIRTHPLACE (City and state or country) MAHASKA CO. IOWA 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME GEORGE W. LOCKARD 13b. MOTHER'S MAIDEN NAME ESTER WYMORE 14. NAME OF HUSBAND OR WIFE BERTHA LOCKARD

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. NONE 17. INFORMANT Charles Lockard Address Brunswick 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) Cerebral thrombosis INTERVAL BETWEEN ONSET AND DEATH 2 weeks
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis 14 yrs
 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 7 a.m. Month, Day, Year _____ p.m.

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 4-17-61 to 5-4-61 and last saw her/him alive on 5-4-61
 Death occurred at 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. H. Stuart, M.D. 22b. ADDRESS Brunswick 22c. DATE SIGNED 5-5-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE MAY 7, 1961 23c. NAME OF CEMETERY OR CREMATORY CITY CEMETERY 23d. LOCATION (City, town, or county) (State) BRUNSWICK MISSOURI

24. FUNERAL DIRECTOR ADDRESS HEISEL + KOCH F.H., BRUNSWICK, MO. 25. DATE RECD. BY LOCAL REG. May 11-1961 26. REGISTRAR'S SIGNATURE Douie Smith

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed William R. Koch

Licensed Embalmer No. 4751

P. O. Address: Brunswick, Mo

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