

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-017241

STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 76

AMENDED

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

FILED MAY 29 1961

1. PLACE OF DEATH
 a. COUNTY Howell

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Howell

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West Plains Length of stay in 1b 8 years

c. CITY OR TOWN West Plains Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 1115 St. Louis St. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Leona Middle May Last Lock

4. DATE OF DEATH Month May Day 20 Year 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 10-14-91 9. AGE (last birthday) 69

IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10b. KIND OF BUSINESS OR INDUSTRY Domestic 11. BIRTHPLACE (City and state or country) Paducah, Kentucky 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE C. J. Lock

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 C. J. Lock, West Plains, 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) Cardiac arrest
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Stokes-Adams syn.
 DUE TO (c) A.S.C.V.D.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Obesity
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

INTERVAL BETWEEN ONSET AND DEATH years
?

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 _____ Month, Day, Year _____ a.m. _____ 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 3-19-61 to 5-20-61 and last saw her/him alive on 5-20-61
 Death occurred at 5 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John E. Wilson, M.D. 22b. ADDRESS West Plains, Mo. 22c. DATE SIGNED 5-23-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 5-23-61 23c. NAME OF CEMETERY OR CREMATORY Thayer Cemetery 23d. LOCATION (City, town, or county) (State) Thayer, Missouri

24. FUNERAL DIRECTOR Edward Cook ADDRESS West Plains, Mo. 25. DATE RECD. BY LOCAL REG. 5-25-61 26. REGISTRAR'S SIGNATURE Beatrice Cook

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 Leland Carter

Licensed Embalmer No. 4516
P. O. Address West Plains

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.