

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026064

STATE FILE NUMBER

Registration District No. 226 Primary Registration District No. 4338 Registrar's No. 23

AMENDED

FILED AUG 3 1961

1. PLACE OF DEATH a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Monroe	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Monroe City		Length of stay in 1b 19 Years	c. CITY OR TOWN Monroe City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 306 South Locust		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 306 South Locust Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Charles William Lockett			4. DATE OF DEATH Month Day Year July 24, 1961
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 1/1/'92
9. AGE (last birthday) 69		IF UNDER 1 YEAR Months 6 Days 23	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Building Homes	11. BIRTHPLACE (City and state or country) Novelty Mo.
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME James Franklin Lockett	
13b. MOTHER'S MAIDEN NAME Rachael Alice Austin		14. NAME OF HUSBAND OR WIFE Flossie M. Lockett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Mrs. Flossie Lockett, Monroe City	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u><i>Myocardial</i></u>			INTERVAL BETWEEN ONSET AND DEATH <u><i>2 years</i></u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <u><i>1-19-61</i></u> to <u><i>7-24-61</i></u> and last saw ^{her} him _{live} on <u><i>7-21-61</i></u> Death occurred at <u><i>5:00 A.M.</i></u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u><i>F. N. Lemmon, D.D.</i></u> (Degree or title)		22b. ADDRESS <u><i>Monroe City, Mo.</i></u>	22c. DATE SIGNED <u><i>7-28-61</i></u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/26/1961	23c. NAME OF CEMETERY OR CREMATORY Novelty Cemetery	23d. LOCATION (City, town, or county) (State) Novelty, Missouri
24. FUNERAL DIRECTOR Harold Garner Monroe City Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. <u><i>July 29-1961</i></u>	26. REGISTRAR'S SIGNATURE <u><i>Elaine Miller</i></u>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

AUG 7 1961

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 Harold Hume

Licensed Embalmer No. 3720

P. O. Address Monroe City

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.