

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035684

STATE FILE NUMBER

AMENDED

Registration District No. 72 Primary Registration District No. 6263 Registrar's No. 13

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF
ITEM NO. 13

| | | | | | | | | |
|---|--|---|--|---|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>WEBSTER</u> | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FINLEY TOWNSHIP</u> | | | Length of stay in 1b <u>15 YRS</u> | | c. CITY OR TOWN <u>SEYMOUR</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SEYMOUR RT 4</u> | | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>ROUTE 4</u> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>WILLARD</u> Middle <u>JAY</u> Last <u>LOCKHART</u> | | | 4. DATE OF DEATH Month <u>SEPT</u> Day <u>17</u> Year <u>1961</u> | | | | | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <u>AUG 22 1915</u> | 9. AGE (last birthday) <u>46</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | IF UNDER 24 HR Hours <u> </u> Min. <u> </u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER + STOCKMAN</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>STATE OF COLORADO</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>BURDETT LOCKHART</u> | | | 13b. MOTHER'S MAIDEN NAME <u>LENA LOCKHART SMITH</u> | | | 14. NAME OF HUSBAND OR WIFE <u>ELAINE LOCKHART</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>WORLD WAR II</u> | | | | | | 17. INFORMANT Address <u>MRS ELAINE LOCKHART SEYMOUR, MO</u> | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Exanguination</u> DUE TO (b) <u>Gun Shot Wound in Heart</u> DUE TO (c) <u> </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | | | |
| 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 checked="" type="checkbox"/> | HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>22 Rifle Shot in Left Chest Self Inflicted</u> | | | | |
| 20c. TIME OF INJURY <u>7:40</u> p.m. | | Month, Day, Year <u>9-17-1961</u> | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Burn, Farm Home</u> | | 20f. CITY, TOWN, OR LOCATION <u>Seymour</u> | | COUNTY <u>Webster</u> | STATE <u>MO</u> | |
| 21. I attended the deceased from <u> </u> to <u> </u> and last saw him alive on <u> </u> . Death occurred at <u>about 3:40 P</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Dr. Edward Coroner</u> | | | | 22b. ADDRESS <u>Marshfield MO</u> | | 22c. DATE SIGNED <u>9/18/61</u> | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>SEPT 20-1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>SEYMOUR CEMETERY</u> | | 23d. LOCATION (City, town, or county) (State) <u>SEYMOUR, MISSOURI</u> | | | | |
| 24. FUNERAL DIRECTOR <u>Kelley Ferrell FORBLAND, MO</u> | | | | ADDRESS <u> </u> | 25. DATE RECD. BY LOCAL REG. <u>9-23-1961</u> | 26. REGISTRAR'S SIGNATURE <u>Gilbert Jones</u> | | |

SEP 28 1961

STATE OF COLORADO
DEPARTMENT OF HEALTH
BUREAU OF HEALTH SERVICES
DIVISION OF ANATOMY
STATE OF COLORADO
DEPARTMENT OF HEALTH
BUREAU OF HEALTH SERVICES
DIVISION OF ANATOMY

Handwritten signature/initials

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 *W. K. Renell*

Licensed Embalmer No. 4960

P. O. Address Repsville, 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.