

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001840

523

STATE FILE NUMBER

AMENDED

Registration District No. 49 Primary Registration District No. 1002 Registrar's No. 523

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 3 days	c. CITY OR TOWN Independence Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 15608 T. C. Lea Road Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Marguerite E. Locke			4. DATE OF DEATH Month Day Year Jan. 28, 1962	
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5. SEX female	6. COLOR OR RACE caucasian	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/19/1914	9. AGE (last birthday) 47	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tension Envelope Corp.	10b. KIND OF BUSINESS OR INDUSTRY Folder	11. BIRTHPLACE (City and state or country) Mercier, Kansas	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Charles A. Nichols	13b. MOTHER'S MAIDEN NAME Bertha Mary Krier	14. NAME OF HUSBAND OR WIFE Jerry M. Locke
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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 Jerry M. Locke 15608 T. C. Lea Rd., Indep., Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY) IMMEDIATE CAUSE Peripheral Vascular Collapse		INTERVAL BETWEEN ONSET AND DEATH 2 hours months 6 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Uremia	
	DUE TO (c) metastatic Carcinoma of breast	
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 checked="" 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. 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 **Jan. 25, 1962** to **Jan. 28, 1962** and last saw her **alive on 1/28/62**
Death occurred at **8:15 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) Phillip L. Riccardo D.O.	22b. ADDRESS 1206 W. Highway 24 - Independence, Mo.	22c. DATE SIGNED 1/29/62
23a. BURIAL, CREATION, REMOVAL (Specify) burial	23b. DATE 1/31/62	23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery
23d. LOCATION (City, town, or county) Independence, Missouri		

24. FUNERAL DIRECTOR ADDRESS Earp & Sons 4707 Truman Rd. K.C., Mo.	25. DATE RECD. BY LOCAL REG. 1-29-62	26. REGISTRAR'S SIGNATURE Ruth H. Long
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 BY AFFIDAVIT OF
 PHILLIP L. RICCARDI, M.D.
 ACCREDITED CERTIFICATION
 SHOULD READ
 ITEM NO.

FEB 15 1962

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 James W. Ray
Licensed Embalmer No. 4622

P. O. Address N.C., 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.