

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-027677

STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 61

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 9 1962

1. PLACE OF DEATH
 a. COUNTY Lafayette
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington Length of stay in 1b 13 das.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lexington Mem. Hospt. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Lafayette
 c. CITY OR TOWN Near Odessa Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 4 Mi. SW of Odessa Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last Edith Lyle Lockhart
 4. DATE OF DEATH Month Day Year July 25, 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 10-23-95 9. AGE (last birthday) 66 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 own home 11. BIRTHPLACE (City and state or country) Odessa, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Benton Barker 13b. MOTHER'S MAIDEN NAME Rosa Ohls 14. NAME OF HUSBAND OR WIFE Earl Lockhart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Earl Lockhart, Odessa, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Carcinoma of gallbladder with metas-
tasis to liver and lungs. INTERVAL BETWEEN ONSET AND DEATH possible
2 mos.
 Conditions, if any, DUE TO (b) DUE TO (c)
 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.
 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 a.m. p.m. Month, Day, Year

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 June 6, 1962 to July 25, 1962 and last saw her/him alive on July 25, 1962
 Death occurred at 4:40 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ben H Brasher MD 22b. ADDRESS Lexington, Missouri 22c. DATE SIGNED 7-27-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE July 27, 1962 23c. NAME OF CEMETERY OR CREMATORY Odessa Cemetery 23d. LOCATION (City, town, or county) (State) Odessa, Mo.

24. FUNERAL DIRECTOR ADDRESS Husman-Sparks, Odessa, Mo. 25. DATE RECD. BY LOCAL REG. 7-27-62 26. REGISTRAR'S SIGNATURE Thomas P. [Signature]

VS 300 Rev. 4/59

1 0542
 2 0540
 3 1
 4 1
 5 1
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 7 0
 8 1
 9 1551
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 12 2-0
 13 3-0

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 L. Husman

Licensed Embalmer No. 7541

P. O. Address Osborn Blvd

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.