

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-006041

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128 Primary Registration District No. 2005 Registrar's No. 258

STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Greene</b>		a. STATE <b>Missouri</b> COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		c. CITY OR TOWN <b>Springfield</b>	
Length of stay in 1b <b>all of life</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Burge Pros. Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>1413 Mt. Vernon</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH
First <b>GORDON</b> Middle <b>AMBROSE</b> Last <b>LOKEY</b>			Month <b>February</b> Day <b>17</b> Year <b>1963</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/14/1895</b>
9. AGE (last birthday) <b>67</b>		IF UNDER 1 YEAR Months <b>67</b>	IF UNDER 24 HR Hours <b>67</b> Min. <b>67</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Minister, &amp; School</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Teacher</b>	11. BIRTHPLACE (City and state or country) <b>Purdy, Missouri</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>James Lokey</b>	
13b. MOTHER'S MAIDEN NAME <b>Dora Jones</b>		14. NAME OF HUSBAND OR WIFE <b>Rebecca Lokey</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W.I.</b>		17. INFORMANT <b>1413 Mt. Vernon Rebecca Lokey, Springfield, Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line. If more than one, list them in order of importance.)			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a) <b>Acute Myocardial Infarction</b>			<b>3 days</b>
DUE TO (b) <b>Arteriosclerotic Heart Disease</b>			<b>5 yrs</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) <b>Peptic Ulcer</b>			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 <b>2-9-63</b> to <b>2-17-63</b> and last saw her alive on <b>2-17-63</b>		Death occurred at <b>9:15 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>Dor Mouchelt, MD</b>		22b. ADDRESS <b>Springfield, Mo</b>	22c. DATE SIGNED <b>2-18-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2-21-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>
24. FUNERAL DIRECTOR <b>Ralph Thieme, Springfield, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>2-18-63</b>	26. REGISTRAR'S SIGNATURE <b>Effie S. Meeton</b>	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59  
**6397**  
**20397**  
3  
4 **0**  
5 **1**  
6  
7 **0**  
8 **2**  
**94200**  
10  
11  
12 **1-0**  
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FEB 5 1964

FEB 25 1963

paid 2-18-63  
0 3 2 7  
0 3 2 7  
0 1 0 2

STATEMENT BY LICENSED EMBALMER

0-1

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 *Wesley L. Strasser*

Licensed Embalmer No. 5164  
P. O. Address Appt. 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.