

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008088

STATE FILE NUMBER

Registration District No. 295 Primary Registration District No. 6015 Registrar's No. 162

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10880

20880

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94221

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1286-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission)			
a. COUNTY Randolph		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural--Salt Spring Twp.		a. STATE Missouri b. COUNTY Randolph		c. CITY OR TOWN Huntsville	
Length of stay in 1b 15 months		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pleasant View Home		d. STREET ADDRESS Johnson Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Charles		Middle William		Last Locke		Month February Day 16 Year 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-25-1874	9. AGE (last birthday) 88	IF UNDER 1 YEAR		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired oil dealer		10b. KIND OF BUSINESS OR INDUSTRY retired oil dealer		11. BIRTHPLACE (City and state or country) Mt. Sterling, Iowa		12. CITIZEN OF WHAT COUNTRY United States	
13a. FATHER'S NAME Harvey Locke			13b. MOTHER'S MAIDEN NAME Don't know			14. NAME OF HUSBAND OR WIFE Della Locke	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none			16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Mrs. Warren Williamson: LaPlata, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE: (a) Chronic Myocarditis						1 month	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) Atherosclerosis	
DUE TO (c)						DUE TO (d)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchial Asthma						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 <input type="checkbox"/> Month, Day, Year <input type="checkbox"/>		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>2/11/63</u> to <u>2/16/63</u> and last saw him alive on <u>2/16/63</u> Death occurred at <u>11 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) [Signature]				22b. ADDRESS Huntsville Mo.		22c. DATE SIGNED (State) 2/18/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 2-18-1963		23c. NAME OF CEMETERY OR CREMATORY La Plata Cemetery		23d. LOCATION (City, town, or county) La Plata, Missouri	
24. FUNERAL DIRECTOR Tom B. Patton				25. DATE RECD. BY LOCAL REG. 2-19-63		26. REGISTRAR'S SIGNATURE Adanna Pitterson	

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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville

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.

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