

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039684

STATE FILE NUMBER

Registration District No. 137

Primary Registration District No. 4218

Registrar's No. 272

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED OCT 28 1963

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Windsor</b>		c. CITY OR TOWN <b>Windsor</b>	
Length of stay in 1b <b>6 weeks</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>Resthaven Nursing Home</b>		d. STREET ADDRESS (If outside, give location) <b>615 E. Benton St.</b>	
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>Arch</b> Last <b>Lockard</b>		4. DATE OF DEATH Month <b>October</b> Day <b>21</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>3-4-1889</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoe Factory worker</b>		11. BIRTHPLACE (City and state or country) <b>Benton co., Mo.</b>	
13a. FATHER'S NAME <b>James Henry Lockard</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Ann Mason</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>704-12-4704</b>	
17. INFORMANT <b>Mrs. Carrie R. Lockard/Windsor, Mo.</b>		14. NAME OF HUSBAND OR WIFE <b>Carrie L. Reed Lockard</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Acute Respiratory Collapse</b> <b>Acute Cerebral Vascular Accident</b> <b>Cerebral Artery Disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <b>2-3 hrs.</b> <b>5 hrs.</b> <b>5 mos.</b>	
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 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"/> a.m. <input type="checkbox"/> 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 <b>Windsor, Mo.</b>	
20g. COUNTY <b>Henry</b>		20h. STATE <b>Mo.</b>	
21. I attended the deceased from <b>1-29-51</b> to <b>10-21-63</b> . I last saw him alive on <b>10-21-63</b> . Death occurred at <b>5:30 pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Do not sign for deceased) <b>Clarence Shubert</b>	
22a. ADDRESS <b>Windsor, Mo.</b>		22b. DATE SIGNED <b>10/22/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10-23-1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lincoln Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Lincoln, Missouri</b>
24. FUNERAL DIRECTOR <b>Clifford Gouge Windsor, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Oct 23 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>			

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR TYPEWRITER RIBBON

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Rev. 4/59

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**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 Clifford Louge

Licensed Embalmer No. 5014

P. O. Address Windsor, 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.