

FILED MAY 7 1951  
21134-51  
4-23-51THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12039

State File No. ....

Registrar's No. 26

BIRTH NO. 4-23-51 REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4159

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lockwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ash Grove</u> <u>0390</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lockwood Memorial Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>111</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BOBBIE</u> b. (Middle) <u>JARNELL</u> c. (Last) <u>CARLOCK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 19, 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>APRIL 19, 1951</u>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Ch. 18</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Mo.</u>
		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Delmus Carlock</u>		13b. MOTHER'S MAIDEN NAME <u>LUIDA LONG</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Delmus Carlock Ash Grove Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia</u> <u>Prematurity</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 hours</u>	
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19a. DATE OF OPERATION <u>4-23-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>7625</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 4-19-51, 1951, to 4-19-51, 1951, that I last saw the deceased alive on 4-19-51, and that death occurred at 6:00pm, from the causes and on the date stated above.

23a. SIGNATURE <u>Max Heilbrunn MD</u> (Degree or title)		23b. ADDRESS <u>Lockwood, Mo</u>		23c. DATE SIGNED <u>4-20-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-20-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BERRY CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>Ash Grove Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>DRIM'S FUNERAL HOME</u>		ADDRESS <u>Ash Grove Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-23-51</u>		REGISTRAR'S SIGNATURE <u>Reo L. Weir</u>		79	

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED APR 30 1951

Dist. File

Date Filed

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED APR 30 1951

Dist. File 451-919

Date Filed 4-30-51

### 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 \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed *Not Embalmed*

Licensed Embalmer No. 4045

P. O. Address *Cash Grove*

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 this body is not embalmed, fact should be so stated above.