

FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30267

BIRTH NO.		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 908	
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wade			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Springfield		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Lockwood		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital				e. STREET ADDRESS (If rural, give location) P.R. 0290/1			
3. NAME OF DECEASED (Type or Print) a. (First) Lencie b. (Middle) Luena c. (Last) Lockwood			4. DATE OF DEATH (Month) (Day) (Year) Sept 29 54				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 15-1875	
9. AGE (In years) last birthday 79		10. UNDER 1 YEAR Months 4		11. UNDER 1 Wks. Days 14		12. CITIZEN OF WHAT COUNTRY USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Tanager Illinois		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William A. Vonstrohe			13b. MOTHER'S MAIDEN NAME Bertha Eggeman			14. NAME OF HUSBAND OR WIFE T. B. Bodine	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Mrs. C. R. Kaelke Lockwood			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PERITONITIS, ? DUE TO RUPTURE OF DIVERTICULUM OF COLON. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS HELPER ZOSTER, TRICHINIA Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 24 HOURS 1 MONTH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 578 XC				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)		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 JULY 1947, to SEPT. 29, 1954, that I last saw the deceased alive on SEPT. 29, 1954, and that death occurred at 11:04 A. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Glenn O. T. ... M.D.				23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 10/1/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 2 - 1954		24c. NAME OF CEMETERY OR CREMATORY Lutheran Lockwood		24d. LOCATION (City, town, or county) (State) Mo	
DATE REC'D BY LOCAL REG. 10-2-54		REGISTRAR'S SIGNATURE Edith Williamson		25. FUNERAL DIRECTOR'S SIGNATURE R. L. Hamschild Lockwood 9th ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed P. L. Hammschild.....

Licensed Embalmer No 3227.....

P. O. Address P. O. Hammschild.....

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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