

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-021116

STATE FILE NUMBER

FILED JUN 22 1959

Registration District No. 137 Primary Registration District No.

Registrar's No. 154

300  
-57

1. PLACE OF DEATH a. COUNTY <i>Henry</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Henry</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Windsor</i>		c. CITY OR TOWN <i>Windsor</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Windsor Hospital</i>		d. STREET ADDRESS (If outside, give location) <i>510 S. Sebo.</i>	
Length of stay in 1b <i>76 yrs.</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>WALTER NELSON LOCKWOOD</i>			4. DATE OF DEATH Month Day Year <i>June 13, 1959</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept 5, 1881</i>
9. AGE (In years last birthday) <i>78</i>		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done at home or of working life, even if retired) <i>Stationary Engineer</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Linn Mo.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
13a. FATHER'S NAME <i>Luther H. Lockwood</i>		13b. MOTHER'S MAIDEN NAME <i>Martha Hutton</i>	14. NAME OF HUSBAND OR WIFE <i>Alvina Michels</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>486-01-9142</i>	17. INFORMANT Address <i>Mrs Walter Lockwood Windsor Mo.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>uremia</i>			INTERVAL BETWEEN ONSET AND DEATH <i>7 days</i>
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (b) <i>nephros-sclerosis</i>			<i>Unknown</i>
DUE TO (c) <i>Arterio-sclerosis (general)</i>			<i>Unknown</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Diabetes</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.			
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 <i>8 June 1959</i> to <i>13 June 1959</i> and last saw him alive on <i>13 June, 1959</i> Death occurred at <i>4:20 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (In green or blue ink) <i>Bertrand Brock, M.D.</i>		22b. ADDRESS <i>116 So Main Windsor, Missouri</i>	
22c. DATE SIGNED <i>6/17/59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial June 15, 1959</i>		23b. DATE	
23c. NAME OF CEMETERY OR CREMATORY <i>Lanuel Oak Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Windsor Mo.</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Ellis M. Huston Windsor Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>6-18-59</i>	
26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *W. Leonard Downing* .....

Licensed Embalmer No. *5067* .....  
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.