

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22171**  
Registrar's No. **26**

FILED AUG 11 1948

Registration District No. **27**

Primary Registration District No. **4049**

1. PLACE OF DEATH:

(a) County **Boone**  
(b) City or town **CENTRALIA**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Hulen's Convalescent Home - 4**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **7 days**  
In this community **Entire life**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boone** **10**  
(c) City or town **Centralia** **1**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **John Albert Mockbee**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W 2**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **July - 9 - 1872**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**76 0 28** hr. min.

9. Birthplace **CALLAWAY Co. Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business \_\_\_\_\_

12. Name **JAMES Mockbee**

13. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

14. Maiden name **Eliza Nichols**

15. Birthplace **Boone Co. Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Clarence Mockbee**

(b) Address **Centralia, Missouri**

17. (a) **Burial** (b) Date thereof **8 - 9 - 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Centralia Mo. Cemetery**

18. (a) Signature of funeral director **Paul P. Baller - J**

(b) Address **Centralia, Missouri**

19. (a) **Aug 7 - 1948** (b) **Maud McBride**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **7**  
year **1948** hour **2** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **July 15, 1948** to **Aug 7, 1948**; that I last saw him alive on **Aug 7, 1948**; and that death occurred on the date and hour stated above.

Immediate cause of death **CORONARY THROMBOSIS** Duration **2 days**

Due to **SENILITY**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **2**

23. Signature **P. P. Roberts** (M. D. or other) **DO**

Address **Centralia Mo** Date signed **8-7-48**

WHAT EMBALMER USE UNWRAPPING BACK IN MAKE A PERMANENT RECORD

MOTHER FATHER

AUG 10 1948

RECEIVED  
District Health Officer No. 9,  
District File Number  
AUG 10 1948  
Date Filed

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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Paul J. Ballew

Licensed Embalmer No. 4206

P. O. Address Centerville, Miss

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.