S. No. 300
v. 10.48

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13358

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 61

8/2/2

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

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rolla 4 ~~Rolla~~
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McFarland Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Maries 13
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Belle, Missouri - Rt# 2
d. STREET ADDRESS (If rural, give location): Rural - Jefferson Twp.

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): ELIZABETH
c. (Last): KOCKENBERGER

4. DATE OF DEATH (Month) (Day) (Year): April 26, 1949

5. SEX: ~~Male~~ Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 29, 1859
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: xx
11. BIRTHPLACE (State or foreign country): Maries County Mo., ()
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: T. B. Ridenhour
13b. MOTHER'S MAIDEN NAME: Joan Cryder
14. NAME OF HUSBAND OR WIFE: Samuel Kockenberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): xx — (If yes, give war or dates of service): xx
16. SOCIAL SECURITY NO.: xx
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Clyde Morton, ~~XXXXX~~ — ADDRESS: Linn, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Tacicardia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Ravages of old age.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 7822

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 17, 1948, *to* Apr. 26, 1949, *that I last saw the deceased alive on* 4/25, 1949, *and that death occurred at* 3:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. Sidney McFarland
23b. ADDRESS: Rolla, Mo.
23c. DATE SIGNED: 4/29/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/28/49
24c. NAME OF CEMETERY OR CREMATORY: Pilot Knob
24d. LOCATION (City, town, or county) (State): Belle, Missouri

DATE REC'D BY LOCAL REG.: 5-2-49
REGISTRAR'S SIGNATURE: Nadine L. Stoll 380
25. FUNERAL DIRECTOR'S SIGNATURE: Morton Funeral Home — ADDRESS: Linn, Missouri

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Phelps County Health Officer,

County File Number.....

Date Filed 5-10-49

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.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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