

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 15327
Registrar's No. 130

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		State File No. 15327		Registrar's No. 130						
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>										
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u> <u>1</u>		c. LENGTH OF STAY (in this place) <u>3 wks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>										
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>113 E. Circle Drive</u>										
3. NAME OF DECEASED (Type or Print) <u>Henry Simon Stock</u>			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>May 19, 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb 15 1859</u>		9. AGE (In years last birthday) <u>90</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>4</u>		IF UNDER 24 Hrs. Hours <u>4</u> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Hardware</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Own</u>		11. BIRTHPLACE (State or foreign country) <u>Hope, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>				
13a. FATHER'S NAME <u>unk</u>				13b. MOTHER'S MAIDEN NAME <u>unk</u>				14. NAME OF HUSBAND OR WIFE <u>Lydia Baur-Deceased</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Gilbert Kirchner</u>				ADDRESS <u>Jefferson City 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>Hypostatic Bruising</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Concussion of Brain</u> DUE TO (c) <u>Fall at home this daughter</u>								INTERVAL BETWEEN ONSET AND DEATH <u>E 9030</u> <u>20</u>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				
21a. ACCIDENT <u>yes</u> (Specify) <u>Stroke</u> <u>HOOMICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>In Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Jefferson City</u>		(COUNTY) <u>cole</u>		(STATE) <u>Mo</u>						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4 26 49 10³⁰pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Sat at table started to get up - injured head</u>										
22. I hereby certify that I attended the deceased from <u>8-8</u> , 19 <u>49</u> ; to <u>5-19</u> , 19 <u>49</u> ; that I last saw the deceased alive on <u>5-19</u> , 19 <u>49</u> , and that death occurred at <u>7³⁰ P. m.</u> , from the causes and on the date stated above.														
23a. SIGNATURE <u>W. O. McKelley, MD</u> (Degree or title)				23b. ADDRESS <u>Jefferson City, Mo</u>				23c. DATE SIGNED <u>5-20-49</u>						
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-21-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morrison Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Morrison, Mo.</u>								
DATE REC'D BY LOCAL REG. <u>May 20-1949</u>		REGISTRAR'S SIGNATURE <u>R. P. Davis MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Buescher</u>		ADDRESS <u>Jefferson City Mo</u>								

Date Filed MAY 26 1949

District File Number

RECEIVED

District Health Officer 570 2

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. 3 315

working under my personal supervision

Clay A. Shelton

Signed Bill Branson
Student Embalmer

Signed

Victor Buscher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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 this body is not embalmed, fact should be so stated above.