

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29209**

FILED OCT 14 1949

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **5033** Registrar's No. **175**

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) Rual		c. CITY (If outside corporate limits, write RURAL and give township) Rual LOUTRE Township 4	
c. LENGTH OF STAY (in this place) 44 yrs.		d. STREET ADDRESS (If rural, give location) R.F.D.#1 Martinsburg	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D.#1 Martinsburg			

3. NAME OF DECEASED (Type or Print) a. (First) EDWARD	b. (Middle) WILLIAM	c. (Last) ROCKWELL	4. DATE OF DEATH (Month) (Day) (Year) Oct. 4, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 4, 1864	9. AGE (in years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 15 HRS. Hours	IF UNDER 30 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) New Sharon, Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Alonzo Rockwell	13b. MOTHER'S MAIDEN NAME Margaret Vore	14. NAME OF HUSBAND OR WIFE Elizbeth Rockwell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME E. A. Rockwell	ADDRESS Martinsburg, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocarditis		INTERVAL BETWEEN ONSET AND DEATH Chronic
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Obstruction of bowels		
	DUE TO (c)		4 Days
	II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		7222

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Oct 3, 1949**, to **Oct 4, 1949**, that I last saw the deceased alive on **Oct 3, 1949**, and that death occurred at **3 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. K. McCall, M.D. (Degree or title)	23b. ADDRESS Ladonia, Mo.	23c. DATE SIGNED Oct 5-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 6, 49	24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	24d. LOCATION (City, town, or county) (State) Mexico, Missouri
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DATE REC'D BY LOCAL REG. Oct-6-1949	REGISTRAR'S SIGNATURE Blanche Kelly	25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Gould	ADDRESS Mexico, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 2 1953

JAN 19 1950

RECEIVED OCT 10 1949
District Health Officer No.
District File Number 10-49-1
Date Filed OCT 10 1949

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
Student Embalmer

Signed Ralph L. Houston Jr.
Licensed Embalmer No. 4687

P. O. Address Mexico, 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.