

No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 30 1950

State File No. 40302

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 5452 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Meramec		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Meramec - Sullivan?	
c. LENGTH OF STAY (in this place) 6 Months		d. STREET ADDRESS (If rural, give location) VanDuren Home, Franklin, Co.	
d. FULL NAME OF (If not in hospital, institution, or other institution) HOSPITAL OR INSTITUTION VanDuren Home, Franklin, Co.			

3. NAME OF DECEASED (Type or Print)	a. (First) Hans	b. (Middle) Neilson	c. (Last) Bock	4. DATE OF DEATH (Month) (Day) (Year)
				Dec 18, 1950

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 20, 1863	9. AGE (In years) (Months) (Days) 87 5 28	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lather	10b. KIND OF BUSINESS OR INDUSTRY Woodne Lather	11. BIRTHPLACE (State or foreign country) Denmark	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Andrew Bock	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Karen Marie Bock
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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 R. C. Springer, Sullivan, Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH 6 mos 4341 7 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Uremia			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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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) (Min.)	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 **Sept 20, 1950** to **Dec 19, 1950**, that I last saw the deceased alive on **Dec 17, 1950**, and that death occurred at **5:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas. W. Sullivan Mo.	23b. ADDRESS Sullivan Mo.	23c. DATE SIGNED 12-18-1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-20-50	24c. NAME OF CEMETERY OR CREMATORY Rock Cemetery	24d. LOCATION (City, town, or county) (State) Bourbon Missouri
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DATE REC'D BY LOCAL REG. 12-18-1950	REGISTRAR'S SIGNATURE Chas. W. Sullivan	25. FUNERAL DIRECTOR'S SIGNATURE W. P. ...	ADDRESS Sullivan Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 26 1950

RECEIVED

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 J. A. Humphrey

Signed _____
Student Embalmer

Licensed Embalmer No. 4772

P. O. Address Sullivan, 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.