S. No. 300
v. 10.48

390
3

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 27 1950

0390
0

State File No. 40425

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5467 Registrar's No. 2026

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD, RURAL 2ND. ROBBERSON TWP.
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) McDANIEL LAKE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY GREENE
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD RURAL 2ND. ROBBERSON TWP.
d. STREET ADDRESS (If rural, give location) ROUTE 5 SPRINGFIELD

3. NAME OF DECEASED (Type or Print) a. (First) HERMAN b. (Middle) O c. (Last) BOCKHORST

4. DATE OF DEATH (Month) (Day) (Year) 12-17-50

5. SEX MALE O
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH NOV. 8-1902
9. AGE (In years last birthday) 48 — 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) STATIONARY ENG.
10b. KIND OF BUSINESS OR INDUSTRY STATIONARY ENG.
11. BIRTHPLACE (State or foreign country) ST. LOUIS CO. MISSOURI O
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME FRANK BOCKHORST
13b. MOTHER'S MAIDEN NAME ELIZABETH HOGAMIER
14. NAME OF HUSBAND OR WIFE GLADYS BOCKHORST

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. 491-05-2796
17. INFORMANT'S SIGNATURE OR NAME MRS. GLADYS BOCKHORST RT 5 ADDRESS SPFLD. MO

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) Death By Drowning — INTERVAL BETWEEN ONSET AND DEATH: Inst.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____ E850

DUE TO (c) _____ 42

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION 039
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) McDaniel Lake
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Springfield Greene Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-17-50 3P. m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Boat CAPSIZED

22. ~~I hereby certify that I attended the deceased from _____, 19__, to _____, 19__,~~ that I last saw the deceased ~~alive~~ DEAD on 12-19, 1950, and that death occurred at 3P.M. m., from the causes and on the date stated above.

23a. SIGNATURE Randolph Dale 3 (Degree or title) Coroner
23b. ADDRESS Springfield Mo.
23c. DATE SIGNED 12-19-50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL O
24b. DATE 12-21-50
24c. NAME OF CEMETERY OR CREMATORY EAST LAWN CEMETERY
24d. LOCATION (City, town, or county) (State) SPRINGFIELD. Mo.

DATE REC'D BY LOCAL REG. 12-20-50
REGISTRAR'S SIGNATURE W E Handley MD III O
25. FUNERAL DIRECTOR'S SIGNATURE J.W. KLINGNER & Co. ADDRESS SPFLD. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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. 4071

P. O. Address.....

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.