

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13292**

FILED MAY 7 1951

BIRTH NO. _____ REG. DIST. NO. **218** PRIMARY REG. DIST. NO. **4330** Registrar's No. **24**

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE Missouri b. COUNTY Miss.	
b. CITY OR TOWN East Prairie		c. CITY OR TOWN East Prairie	
c. LENGTH OF STAY (in this place) 10 yrs		d. STREET ADDRESS (If rural, give location) 311 W. Pine St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 311 W. Pine St.		e. STREET ADDRESS (If rural, give location) 311 W. Pine St.	

3. NAME OF DECEASED (Type or Print) LOUIS	a. (First) L.	b. (Middle) ROCKETT	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) April 19, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 28, 1891	9. AGE (In years) (Months) (Days) (Hours) (Min.) 59 3 21	10. UNDER 18 HRS. 0
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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) Gran, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME A. M. Rockett	13b. MOTHER'S M maiden name unknown	14. NAME OF HUSBAND OR WIFE Lola Mae Rockett
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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) unk	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME Alvin Rockett	ADDRESS East Prairie, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 wks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Haemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arterio-sclerosis		
DUE TO (b)		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331x	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) (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 **April 1, 1950**, to **April 19, 1951**, that I last saw the deceased alive on **May 1, 1951**, and that death occurred at **11:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE D. Martin M.D. (Degree or title)	23b. ADDRESS East Prairie, Mo. 425-51	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 22, 1951	24c. NAME OF CEMETERY OR CREMATORY Friend Cemetery	24d. LOCATION (City, town, or county) (State) Gran, Mo.
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DATE REC'D BY LOCAL REG. 5-2-51	REGISTRAR'S SIGNATURE Gertrude G. Harper	197	25. GENERAL DIRECTOR'S SIGNATURE Charles Shelby	ADDRESS East Prairie, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

671

MAY 3 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed MAY 4 1951

MAY 14 1951

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 Ernie Shelby
.....

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.