S. No. 300
v. 10.48

FILED JUL 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22377

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 81

0191
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harrisonville
c. LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Camp Branch Twp Rural 0190
d. STREET ADDRESS (If rural, give location): 2 mi N.W. of East Lynne

3. NAME OF DECEASED (Type or Print) a. (First): WILLIAM b. (Middle): WORTH c. (Last): BROCK

4. DATE OF DEATH (Month) (Day) (Year): July 14 1951

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 18 - 1900
9. AGE (In years last birthday): 50 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Cyar Brock
13b. MOTHER'S MAIDEN NAME: Mary Jane Brock
14. NAME OF HUSBAND OR WIFE: Mabel Brock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Mabel Brock, Pleasant Hill Mo ADDRESS

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): CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: Dont Know

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): CARDIAC DECOMPENSATION
DUE TO (c): ARTERIO HYPERTENSION

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: 4201
20. AUTOPSY? YES ☐ NO ☒

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-11-, 1951, *to* 7-14-, 1951, *that I last saw the deceased alive on* 7-14, 1951, *and that death occurred at* 11:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David Shong MD
23b. ADDRESS: Harrisonville Mo
23c. DATE SIGNED: 7-16-51

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: July 17-1951
24c. NAME OF CEMETERY OR CREMATORY: Orient Cemetery
24d. LOCATION (City, town, or county) (State): Harrisonville Mo.

DATE REC'D BY LOCAL REG.: July 17 1951
REGISTRAR'S SIGNATURE: Dora Barnard 451
25. FUNERAL DIRECTOR'S SIGNATURE: Kunnenburger's Harrisonville Mo ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUL 21 1951
CASS COUNTY
HEALTH DEPARTMENT

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 Ernest Kennenburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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.