

FILED SEP 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26809**  
**3585**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3585

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital # 1</b>		d. STREET ADDRESS (If rural, give location) <b>5924 Lawn</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Pryor</b> c. (Last) <b>Brock</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>8/20/1951</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 12 1881</b>
9. AGE (In years last birthday) <b>70</b>		# UNDER 1 YEAR Months	# UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Plumber</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Plumbing</b>	11. BIRTHPLACE (State or foreign country) <b>Fort Scott Kansas.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>C.S. Brock</b>	
13b. MOTHER'S MAIDEN NAME <b>Electa Lawton</b>		14. NAME OF HUSBAND OR WIFE <b>Annabelle Brock</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Annabelle Brock 5924 Lawn K.C. Mo</b>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> 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 Conditions contributing to the death but not related to the disease or condition causing death. <b>Fractured neck?</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Autopsy Refused</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE <b>Accident?</b>	
21b. PLACE OF INJURY (e.g., home, farm, factory, street, office, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Kans. City Jackson Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>8/18/51</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <b>fell apparently following</b>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Hugh H Owens M D</b> (Degree or title)		23b. ADDRESS <b>1034 Piatt Bldg</b>	
23c. DATE SIGNED <b>8-20-51</b>		23d. SIGNATURE <b>Geraldine Holmes</b>	
24a. BURIAL CREMATION (Burial) <b>Burial</b>		24b. DATE <b>8/22/1951</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Lee's Summit</b>		24d. LOCATION (City, town, or county) (State) <b>Lee's Summit Mo.</b>	
DATE REC'D BY LOCAL REG. <b>8-22-51</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	
FURNERAL DIRECTOR'S SIGNATURE <b>M.B. Langford</b>		ADDRESS <b>Lee's Summit Mo.</b>	

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*N. B. Langford*

Signed.....

Student Embalmer

Licensed Embalmer No. 7833

P. O. Address Lee's Summit 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.