

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33158

State File No. ....

FILED NOV 10 1951

BIRTH NO. ....		REG. DIST. NO. <u>119</u>		PRIMARY REG. DIST. NO. <u>5442</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Gasconade</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Richland</u>		c. LENGTH OF OR TOWN <u>79 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Richland</u>		<u>0370</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 Mi. S. W. of Hermann</u>				d. STREET ADDRESS (If rural, give location) <u>8 Mi. S. W. of Hermann</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lena</u>		b. (Middle)		c. (Last) <u>Bock</u>		4. DATE OF DEATH (Month) <u>10</u> (Day) <u>12</u> (Year) <u>51</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 29, 1872</u>	
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Carl Buschmeyer</u>		13b. MOTHER'S MAIDEN NAME <u>Fredericka Ruegge</u>		14. NAME OF HUSBAND OR WIFE <u>Fred G. Bock</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Edna Hoelmer, Hermann, Mo.</u>			
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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>34 septentation</u> DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>few days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>Oct 12, 1951</u> , to <u>Oct 13, 1951</u> , that I last saw the deceased alive on <u>Oct 12, 1951</u> , and that death occurred at <u>1445 m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Thos. J. Workman</u>				23b. ADDRESS <u>Hermann Mo.</u>		23c. DATE SIGNED <u>10-13-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/16/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hermann Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hermann Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10/15/51</u>		REGISTRAR'S SIGNATURE <u>Edna Hoelmer</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>Thos. J. Workman</u>		ADDRESS <u>Hermann, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

NOV - 8 1951

RECEIVED

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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.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed.....

Licensed Embalmer No..... 3160

P. O. Address..... Hermann, 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.