

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 13 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 132

0117

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

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph <u>0117</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 214 Texas St. | | d. STREET ADDRESS (If rural, give location) 214 Texas St. <u>0</u> | |

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|-------------------------------------|-------------------------|-----------------------|---------------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) HENRY | b. (Middle) A. | c. (Last) DOCKHORN | 4. DATE OF DEATH (Month) (Day) (Year) |
| | | | | 2 1 1952 |

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|-----------------------------|-------------------------------|--|--------------------------------------|--|------------------------|-----------------------|------------------------|-----------------------|
| 5. SEX Male <u>0</u> | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <u>✓</u> | 8. DATE OF BIRTH July 7, 1866 | 9. AGE (in years) (age-birthday) 85 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 24 HRS. Hours | IF UNDER 24 HRS. Min. |
|-----------------------------|-------------------------------|--|--------------------------------------|--|------------------------|-----------------------|------------------------|-----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Horse trader | 10b. KIND OF BUSINESS OR INDUSTRY Self | 11. BIRTHPLACE (State or foreign country) Kansas <u>/</u> | 12. CITIZEN OF WHAT COUNTRY? USA |
|---|---|--|---|

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|-----------------------------------|--|---|
| 13a. FATHER'S NAME Unknown | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Mary Dockhorn (de) |
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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) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME C.W. Wright, R.F.D. # 4, St. Joseph | ADDRESS |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIOSCLEROSIS | | INTERVAL BETWEEN ONSET AND DEATH ## |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | 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. Senile Dementia | | |

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| 19a. DATE OF OPERATION None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) None | 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) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|---|--|----------------------------|

22. I hereby certify that I attended the deceased from **July 1st**, 1951, to **Feb 1st**, 1952, that I last saw the deceased alive on **Jan 4th**, 1952, and that death occurred at **10:30P m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE B.W. Tadlock (Degree or title) | 23b. ADDRESS M. D., King Hill Bldg, St Joseph | 23c. DATE SIGNED Feb 4 '52 |
|--|--|-----------------------------------|

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|--|---------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL Removal | 24b. DATE 2-4-1952 | 24c. NAME OF CEMETERY OR CREMATORY Belmont Cemetery | 24d. LOCATION (City, town, or county) (State) Wathena, Kansas |
|--|---------------------------|--|--|

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|---|---|--|--------------------------------|
| DATE REC'D BY LOCAL REG. Feb 6, 1952 | REGISTRAR'S SIGNATURE Carl C. Carter | 25. FUNERAL DIRECTOR'S SIGNATURE John B. Rupp | ADDRESS St. Joseph, Mo. |
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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, ~~on~~ by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

John E. Rupp
Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.