

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24267

State File No.

AUG 4 1952

BIRTH NO.		REG. DIST. NO. <u>131</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u> b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Clinton</u> c. LENGTH OF STAY (in this place) <u>2 Weeks</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Benton</u> c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Cole Camp</u> Rural <u>Williams T</u> d. STREET ADDRESS (If rural, give location) <u>4 Miles East of Cole Camp</u>			
3. NAME OF DECEASED a. (First) <u>Edward</u> (Type or Print) b. (Middle) <u>Fredrich</u> c. (Last) <u>Bockelman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7</u> <u>26</u> <u>52</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 4th 1877</u>		9. AGE (In years last birthday) <u>75</u> IF UNDER 1 YEAR: Months <u>6</u> Days <u>21</u> IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>John Bockelman</u>		13b. MOTHER'S MAIDEN NAME <u>Margret Bahrenberg</u>		14. NAME OF HUSBAND OR WIFE <u>Katherine Bockelman</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 Edward Bockelman Cole Camp 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Unemia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Sclerosis</u> DUE TO (c) <u>Bowel obstruction 16 days previous</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
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"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7-11</u> , 1952, to <u>7-26</u> , 1952, that I last saw the deceased alive on <u>7-25</u> , 1952, and that death occurred at <u>2:00</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Edw. S. [Signature]</u>		(Degree or title) <u>Les</u>		23b. ADDRESS <u>105 E Ohio Clinton Mo.</u>		23c. DATE SIGNED <u>7-26-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 28, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Holy Cross Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Benton County Missouri</u>	
DATE REC'D BY LOCAL REG <u>Aug-2-52</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. L. Bickhoff Cole Camp Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed E. L. Eichhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.