

STANDARD CERTIFICATE OF DEATH

State File No. **27250**

FILED AUG 18 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 838

1. PLACE OF DEATH a. COUNTY BUCHANAN <u>0117</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY BUCHANAN <u>0117</u>	
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>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5925 KING HILL AVE		d. STREET ADDRESS (If rural, give location) 5925 KING HILL AVE.	
3. NAME OF DECEASED a. (First) EARL		b. (Middle) A.	
		c. (Last) ROCK	
4. DATE OF DEATH 8/7/52 <u>886</u>		5. SEX MALE <u>0</u>	
6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH 3/24/86		9. AGE (In years last birthday) '66	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) YARD MAN		10b. KIND OF BUSINESS OR INDUSTRY STOCK YARDS CO.	
11. BIRTHPLACE (State or foreign country) HOLT COUNTY MISSOURI <u>0</u>		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME C. C. ROCK		13b. MOTHER'S MAIDEN NAME MARY PAGE	
14. NAME OF HUSBAND OR WIFE DAPHENE ROCK		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. 497-14-4354		17. INFORMANT'S SIGNATURE OR NAME DAPHENE ROCK	
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) Self inflicted wound in the left wrist. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) left wrist. DUE TO (c) Man severed the radial artery in his left wrist causing fatal hemorrhage II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Causing fatal Hemorrhage	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E977X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 1 day	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Joseph Buchanan Mo		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21e. HOW DID INJURY OCCUR? Man slashed his own wrist with a razor			
22. I hereby certify that I examined the deceased On 8/7, 1952, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:10 A.m., from the causes and on the date stated above.			
23a. SIGNATURE H. J. Mundy M.D. (Coroner)		23b. ADDRESS St Joseph Mo	
23c. DATE SIGNED 8/7/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Aug. 9, 1952	
24c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY		24d. LOCATION (City, town, or county) (State) MOUND CITY MO.	
DATE REC'D BY LOCAL REG. August 11, 1952		REGISTRAR'S SIGNATURE Carl C. Cast <u>446</u>	
25. FUNERAL DIRECTOR'S SIGNATURE Earl A. Clark		ADDRESS 120 Illinois Av	

(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Evan A. Clark

Signed.....

Student Embalmer

Licensed Embalmer No. *4738*

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.