

5. No. 300
V. 10.48

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41200

State File No. _____

FILED DEC 15 1952

BIRTH NO. _____		REG. DIST. NO. <u>319</u>		PRIMARY REG. DIST. NO. <u>6078</u>		Registrar's No. <u>57</u>			
1. PLACE OF DEATH a. COUNTY <u>ST. GENEVIEVE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u> b. COUNTY <u>WYANDOTTE</u>					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RURAL JACKSON</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>MUNCIE</u>		8150			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HIGHWAY #25</u>				d. STREET ADDRESS (If rural, give location) <u>8009 RICHLAND</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>CASIMIR</u> c. (Last) <u>ROCK JR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 23 1952</u>						
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>9</u>	8. DATE OF BIRTH <u>OCT 1 1932</u>		9. AGE (In years last birthday) <u>20</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JOSEPH C. ROCK</u>			13b. MOTHER'S MAIDEN NAME <u>MARY PERRY</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES 2-14-52 TO 11/23/52</u>			16. SOCIAL SECURITY NO. <u>2-14-52 TO 11/23/52</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joseph C. Rock Muncie Kansas</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>RUPTURED LIVER</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>AUTOMOBILE ROLLING OVER ABDOMEN</u> DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH <u>SUDDEN</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HIGHWAY #25 MO</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>JACKSONT.S. ST. GENEVIEVE MO</u>		095			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NOV 23 1952 3:45 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>AUTOMOBILE UPSSET ROLLING OVER ABDOMEN</u>					
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 (Degree or title) <u>Leon Baerle</u>				23b. ADDRESS <u>St. Genevieve Mo.</u>			23c. DATE SIGNED <u>11/26/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>NOV 28 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HIGHLAND PARK CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY KAN</u>				
DATE REC'D BY LOCAL REG. <u>December 11, 1952</u>		REGISTRAR'S SIGNATURE <u>Luella Baerle</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Leon Baerle St. Genevieve Mo</u>				

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

950
3

85

December

(Licensed Embalmer's Statement on Reverse Side)

DEC 23 1952

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 Adrian J. Eller

Licensed Embalmer No. 4740

P. O. Address St. Genevieve, 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.