

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

42182

State File No. \_\_\_\_\_

5526

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>CARROLL</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bogard, Mo.</u> <u>0170</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran, KCMo.</u>		d. STREET ADDRESS (If rural, give location) <u>city</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ETHEL</u> c. (Last) <u>BLOCK.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 16-1952</u>		
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 25-1883</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE KEEPER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Carroll County, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>John Street</u>	13b. MOTHER'S MAIDEN NAME S.K. <u>JULIA STREET</u>	14. NAME OF HUSBAND OR WIFE <u>SAM. BLOCK deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eunice Street</u> ADDRESS <u>Carrollton Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Spleenic Flexure Colon</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Flexure Colon</u> DUE TO (c) <u>Perforation of Colon + Peritonitis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>10 mos</u> <u>153 1/2</u> <u>5 days</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Perforated Colon - Carcinoma Colon</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec 4, 1952 to Dec 16, 1952, that I last saw the deceased alive on 12/16/52, and that death occurred at 9:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>John H. Ogilvie MD</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>224 Kialto Bldg</u>	23c. DATE SIGNED <u>12/17/52</u>
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24a. BURIAL CREMATION (Specify) <u>BURIAL</u>	24b. DATE <u>DEC-18-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Street</u>	24d. LOCATION (City, town, or county) (State) <u>Bogard, MO.</u>
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DATE REC'D BY LOCAL REG. <u>12-17-52</u>	REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilson K. Peppy</u> ADDRESS <u>Judeo. Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

Be 0970

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 \_\_\_\_\_

*Robert L. Tesley*  
4225

Licensed Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

P. O. Address \_\_\_\_\_

*Judge. 2nd*

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.