No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16723

FILED MAY 4 1953

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6085 Registrar's No. 91

970
1

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

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Clay Twp.
c. LENGTH OF STAY (in this place): 60 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none 7 miles S.E. Slater, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Clay Twp. 0970
d. STREET ADDRESS (If rural, give location): 7 miles S.E. Slater, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Henry
b. (Middle): ----
c. (Last): Bockstetter

4. DATE OF DEATH (Month) (Day) (Year): April 10-'53

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Apr. 26, 1873
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 11, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer Retired
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (City and State or Foreign Country): Aurora, Ind.
12. CITIZEN OF WHAT COUNTRY?: U S

13a. FATHER'S NAME: Henry Bockstetter
13b. MOTHER'S MAIDEN NAME: don't know
14. NAME OF HUSBAND OR WIFE: Mrs. Bockstetter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Wm. Bockstetter, Marshall, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute attack Myocarditis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Rheumatism of long standing
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 727 X
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 1st, 1953, *to* April 10, 1953, *that I last saw the deceased alive on* April 9, 1953, *and that death occurred at* 5:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. L. Lawless M.D. ~~[illegible]~~
23b. ADDRESS: Marshall Mo.
23c. DATE SIGNED: 4-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Apr. 12, '53
24c. NAME OF CEMETERY OR CREMATORY: St. Pauls Cemetery
24d. LOCATION (City, town, or county) (State): R. F. D. Slater, Mo.

DATE REC'D BY LOCAL REG.: 4-27-1953
REGISTRAR'S SIGNATURE: Sidney T. Gray 385
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Hill Brothers Slater Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 A. C. Hill

Licensed Embalmer No. 3090

P. O. Address Slaton Tex.

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.