

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **24372**

FILED AUG 6 - 1953

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO. **11-9** Registrar's No. **17**

1. PLACE OF DEATH

a. COUNTY **Gasconade**b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Rural Boulware Twp.** c. LENGTH OF STAY (In this place) **44 yrs.**d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **Mt. Sterling, Mo.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **Missouri** b. COUNTY **Gasconade**c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Rural Boulware Twp.** **0370**d. STREET ADDRESS (If rural, give location) **Mt. Sterling, Mo.**

3. NAME OF DECEASED (Type or Print)

a. (First)

b. (Middle)

c. (Last)

Gustave**Ferdinand****Bock**

4. DATE OF DEATH (Month) (Day) (Year)

July**27****1953**

5. SEX

male

6. COLOR OR RACE

white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Nov. 6, 1875

9. AGE (In years last birthday)

77

10. UNDER 1 YEAR

Months

11. UNDER 1 YEAR

Days

12. UNDER 1 YEAR

Hours

13. UNDER 1 YEAR

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

farmer

10b. KIND OF BUSINESS OR INDUSTRY

Own farm

11. BIRTHPLACE (City and State or Foreign Country)

Woollam, Mo. 0

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

Ferdinand Bock

13b. MOTHER'S MAIDEN NAME

Mary Heidbreder

14. NAME OF HUSBAND OR WIFE

Amelia Biele Bock

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.

none

17. INFORMANT'S SIGNATURE OR NAME

Mrs. Amelia Bock Mt. Sterling, Mo.

ADDRESS

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

4/201

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)

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 **11-10, 1951**, to **7-27, 1953**, that I last saw the deceased alive on **7-25, 1953**, and that death occurred at **8:44 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

Ruben Brunner, M.D.

23b. ADDRESS

Owensville, Mo.

23c. DATE SIGNED

7-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

7-30-1953

24c. NAME OF CEMETERY OR CREMATORY

Methodist Cemetery

24d. LOCATION (City, town, or county) (State)

New Woollam, Mo.

DATE REC'D BY LOCAL REG.

7-30-53

REGISTRAR'S SIGNATURE

Olma Gerken

25. FUNERAL DIRECTOR'S SIGNATURE

Michael W. White OWENSVILLE

ADDRESS

(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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Merford H H Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.