

FILED SEP 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28420

State File No.

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4372 Registrar's No. 211

1. PLACE OF DEATH a. COUNTY <u>NO DAWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>NO DAWAY</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>BURNINGTON JCT</u>		c. CITY OR TOWN <u>BURNINGTON JCT</u>	
c. LENGTH OF STAY (in this place) <u>7 yrs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>		e. STREET ADDRESS (If rural, give location) <u>8740</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>JAMES</u>	b. (Middle) <u>Y</u>	c. (Last) <u>SCHROCK</u>	Month <u>Aug</u>	Day <u>16</u>	Year <u>1954</u>

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB 17, 1876</u>	9. AGE (In years last birthday) <u>78</u>	<u>5</u> Months <u>30</u> Days	If UNDER 1 YEAR: Hours <u>—</u> Min. <u>—</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED RAILWAY</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>TRAINMAN</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>BROWNING MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S</u>
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13a. FATHER'S NAME <u>JACK SCHROCK</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZA JACOBS</u>	14. NAME OF HUSBAND OR WIFE <u>MAY FARRAR</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs May Schrock</u>	ADDRESS <u>BURN. JCT 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis Heart disease</u> DUE TO (c) _____		
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 <u>4/200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 April, 1954, to Aug 16, 1954, that I last saw the deceased alive on Aug 16, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. J. Bland</u> (Degree or title)	23b. ADDRESS <u>Maryville Mo</u>	23c. DATE SIGNED <u>8/20/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>AUG 19-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL</u>	24d. LOCATION (City, town, or county) (State) <u>MARYVILLE MO</u>
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DATE REC'D BY LOCAL REG. <u>9-4-54</u>	REGISTRAR'S SIGNATURE <u>Bess Holt</u>	229	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Ann Bunn</u>	ADDRESS <u>BURN. JCT MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 13 1954

SEP 7

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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 296
P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.