No. 300
10-48

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

FILED JAN 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1725

BIRTH NO. _____ REG. DIST. NO. 199 PRIMARY REG. DIST. NO. 5732 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Easley Township
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Easley Township 0610 0
d. STREET ADDRESS (If rural, give location): West Of South Gifford

3. NAME OF DECEASED (Type or Print)
a. (First): Adra
b. (Middle): G.
c. (Last): Mock

4. DATE OF DEATH (Month) (Day) (Year): January 2 1955

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 8 1879
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 3, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Sampson Mock
13b. MOTHER'S MAIDEN NAME: Lutitia Hawkins
14. NAME OF HUSBAND OR WIFE: Sarah Ann Mock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Manford Mock
ADDRESS: Elmer 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) Suffocation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) House Burning While
~~DUE TO (c)~~ Asleep.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
E9160 16

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~: Accident Farm
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Rural
21c. (CITY, TOWN, OR TOWNSHIP) Easley (COUNTY) Macon (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. 2, 1955 5 Am.
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 5-A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Lester Hutton (Degree or title): Coroner
23b. ADDRESS: Macon Mo.
23c. DATE SIGNED: Jan. 5, 55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 4 1955
24c. NAME OF CEMETERY OR CREMATORY: Mt Carmel
24d. LOCATION (City, town, or county) (State): Adair County Mo

DATE REC'D BY LOCAL REG.: Jan 8-1955
REGISTRAR'S SIGNATURE: Daphne Howerton
25. FUNERAL DIRECTOR'S SIGNATURE: W. H. McCollum
ADDRESS: South Gifford Mo

(Licensed Embalmer's Statement on Reverse Side)

FEB 18 1955

(10)

RECEIVED 1.10.55
MACON COUNTY HEALTH DEPARTMENT
County File No. 1.55.12
Date Filed 1.14.55

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 N. H. McCollum

Licensed Embalmer No. 2052

P. O. Address South Gifford Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.