

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

13691

3593

FILED APR 28 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY ST. LOUIS MO.			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JEFF.		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS.		c. LENGTH OF STAY (In this place) 8 WKS.	c. CITY OR TOWN HILLSBORO.		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 Missouri Pacific Hospital			e. STREET ADDRESS (If rural, give location) D 5001		
3. NAME OF DECEASED (Type or Print) a. (First) JESSIE b. (Middle) _____ c. (Last) MOCKBEE			4. DATE OF DEATH (Month) (Day) (Year) 4 20 55		
5. SEX FEMALE	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH March 24, 1866	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Hillsboro Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME ABNER GREEN		13b. MOTHER'S MAIDEN NAME MARY CHAPMAN		14. NAME OF HUSBAND OR WIFE GEORGE M. MOCKBEE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS ARTHUR W. GREEN 220 BRISTOL WEBSTER CO. 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) Arteriosclerotic heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis general. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 YEARS YEARS
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 4200			
22. I hereby certify that I attended the deceased from June , 1954, to 4-20 , 1955, that I last saw the deceased alive on 4-20 , 1955, and that death occurred at 12:10 P. m. , from the causes and on the date stated above.					
23a. SIGNATURE B. H. Harrison M.D.		(Degree or title) 23b. ADDRESS 607 N. GRAND		23c. DATE SIGNED 4-20-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APR 22 1955	24c. NAME OF CEMETERY OR CREMATORY HILLSBORO CEM.	24d. LOCATION (City, town, or county) (State) HILLSBORO Mo.		
DATE REC'D BY LOCAL REG. APR 22 1955	REGISTRAR'S SIGNATURE J. C. Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Donnell B. Dietrich, Dade Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Donnell B. DeWitt*.....

Licensed Embalmer No. *4104*.....

P. O. Address *DeWitt*.....

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.