

FILED OCT 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34101

BIRTH NO. _____		REG. DIST. NO. 17		PRIMARY REG. DIST. NO. 4329		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Mississippi				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Miss.			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wyatt		c. LENGTH OF STAY (In this place) 18 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wyatt		2620	
d. FULL NAME OF HOSPITAL OR INSTITUTION P. O. Box 18				d. STREET ADDRESS (If rural, give location) P. O. Box 18			
3. NAME OF DECEASED (Type or Print) Joe		a. (First)		b. (Middle) A.		c. (Last) Rockett	
4. DATE OF DEATH Oct. 12, 1955		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 15, 1880		9. AGE (In years last birthday) 74	
5. SEX Male		6. COLOR OR RACE Col.		9. AGE (In years last birthday) 74		10. UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and State or Foreign Country) Batesville, Miss.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jake Rockett		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Estella Rockett			
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. -----		17. INFORMANT'S SIGNATURE OR NAME Mrs. Estella Rockett, P.O. Box 18, Wyatt, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma prostate ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 177X				INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct. 20, 1954, to Oct. 12, 1955, that I last saw the deceased alive on Oct. 12, 1955, and that death occurred at 10:10 P.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>H. P. Stanton, D.O.</i>				23b. ADDRESS Wyatt, Missouri		23c. DATE SIGNED Oct. 17-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 16, 1955		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) Charleston, Missouri (State)	
DATE REC'D BY LOCAL REG. 10-21-55		REGISTRARS SIGNATURE <i>Rayde A. Bridges</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Frank J. Sparks</i> Charleston, 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

Student Embalmer

Signed..... *Frank Sparks*

Licensed Embalmer No. *3455*

P. O. Address *Opelika, Alabama, Ala.*

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.