No. 300
10.48

FILED FEB 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3749

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: Barton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lamar
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): Malcom Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Crawford
c. CITY OR TOWN: Mulberry
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 815 8

3. NAME OF DECEASED (Type or Print)
a. (First): SARAH
b. (Middle): CATHERINE
c. (Last): BROCK

4. DATE OF DEATH (Month) (Day) (Year): Feb 16 1956

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Mar 14 1871
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months 11, Days 2 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (City and State or Foreign Country): Mansfield, Arkansas
12. CITIZEN OF WHAT COUNTRY?: U. S.
13a. FATHER'S NAME: ? Taylor
13b. MOTHER'S MAIDEN NAME: Mary ?
14. NAME OF HUSBAND/OR WIFE: Ira Brock
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): xxx
16. SOCIAL SECURITY NO.: xxx
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: V. D. Boone, Mulberry, Kansas

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): brain Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Sudden death

ANTECEDENT CAUSES

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

DUE TO (b): old age

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: 331X
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) LAMAR (COUNTY) Barton (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* Feb 16 1956, 19__, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 2-30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE D. R. Greenlee (Degree or title) MD
23b. ADDRESS LAMAR
23c. DATE SIGNED 2-16-56

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 18 Feb 1956
24c. NAME OF CEMETERY OR CREMATORY: Elmwood
24d. LOCATION (City, town, or county) (State): Kansas City, Mo.

DATE REC'D BY LOCAL REG. FEB 18 1956
REGISTRAR'S SIGNATURE: Marie Konantz 14-0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Konantz Funeral Home, Lamar, Missouri

(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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Carl F. Konantz.....

Licensed Embalmer No. 2247

P. O. Address Lamar, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.