

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3778**

FILED MAR 13 1956

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5088 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St Clair	
b. CITY (If outside corporate limits, write RURAL and give town) Appleton City		c. LENGTH OF STAY (in this place) 2 days	c. CITY Appleton City
d. FULL NAME OF HOSPITAL OR INSTITUTION Hudson Township		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 0920	

3. NAME OF DECEASED (Type or Print) a. (First) Troy	b. (Middle) L.	c. (Last) Mock	4. DATE OF DEATH (Month) (Day) (Year) March-6-1956
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Nov. 14-1895	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming (retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Bates County	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John T. Mock	13b. MOTHER'S MAIDEN NAME Elizabeth Fox	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) Yes World War I	16. SOCIAL SECURITY # 493-16-2723	17. INFORMANT'S SIGNATURE OR NAME Elizabeth Mock	ADDRESS Appleton City
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. arteriosclerosis		
	DUE TO (b) _____ 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	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)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6 A m., from the causes and on the date stated above.

23a. SIGNATURE Mrs. Schwandt	(Degree or title) Dep. Coroner	23b. ADDRESS Butler MO	23c. DATE SIGNED Mar. 6-1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 8-1956	24c. NAME OF CEMETERY OR CREMATORY Meyer Cemetery	24d. LOCATION (City, town, or county) (State) South West Appleton City
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DATE REC'D BY LOCAL REG. March 7-1956	REGISTRAR'S SIGNATURE Russell Perry	25. FUNERAL DIRECTOR'S SIGNATURE Melvin L. Samson	ADDRESS Appleton City
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(Licensed Embalmer's Statement on Reverse Side)

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

16.300
10.48

MAR 22 1956

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 *Melvin L. Janssens*

Licensed Embalmer No. 4528

P. O. Address *Appleton, Wis.*

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.