

FILED MAY 7 - 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12996

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1710

S. 300  
v. 1-57 4

|   |                                  |   |  |   |  |
|---|----------------------------------|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Kansas City</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Margaret Kathryn Nursing Home</b>  |                                  | Length of stay in lb <b>10 yrs.</b>   | d. STREET ADDRESS <b>2641 Forest</b>   |   | (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br><b>MARY</b> First <b>ETTA</b> Middle <b>BOCKOVER</b> Last   |                                  |   | 4. DATE OF DEATH<br>Month <b>4</b> Day <b>13</b> Year <b>57</b>  |   |  |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>July 13, 1868</b>   | 9. AGE (In years last birthday)<br><b>88</b>                    | IF UNDER 1 YEAR<br>Months Days Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Home</b>  | 11. BIRTHPLACE (City and state or country)<br><b>(Unknown) Illinois</b>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b>  |
| 13a. FATHER'S NAME<br><b>Oliver Johnson</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Kathryn Armstrong</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>John P. Bockover</b>          |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>None</b>  |  | 17. INFORMANT<br>Address<br><b>Mrs. Wm. Walters, 3006 Tracy</b> |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Senile dementia</b><br>DUE TO (b) <b>Esophageal Ulceration</b><br>DUE TO (c) <b>Nephritis</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Senility</b> |                                  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH   |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                                  |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |   |  |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.   |                                  |   |  |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE                       |  |
| 21. I attended the deceased from <u>4-12-57</u> to <u>4-13-57</u> and last saw her alive on <u>4-12-57</u><br>Death occurred at <u>4-13-57</u> m on the date stated above; and to the best of my knowledge, from the causes stated.   |                                  |   |  |   |  |
| 22a. SIGNATURE<br><i>Hugh A. Gestring M.D.</i> (Degree or title)  |                                  |   | 22b. ADDRESS<br><u>1220 E 31st</u>   |   | 22c. DATE SIGNED<br><u>4-13-57</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |                                  | 23b. DATE<br><u>4-16-57</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Bonner Springs Cemetery</b>   |   | 23d. LOCATION (City, town, or county) (State)<br><b>Bonner Springs, Kansas.</b>                                      |
| 24. FUNERAL DIRECTOR<br><b>Melody-McGilley-Eylar, 1800 Linwood</b>  |                                  |   | 25. DATE RECD. BY LOCAL REG.<br><u>4-13-57</u>   | 26. REGISTRAR'S SIGNATURE<br><i>Neva Marshall</i>               |  |

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.  
HUGH A. GESTRING  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION



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

*James E. Hackler*

Licensed Embalmer No. 4573

P. O. Address K. O., MO

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.