FILED AUG 15 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25732
STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 5987 Registrar's No. 101

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Rural Union — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: — Length of stay in 1b:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pulaski
c. CITY OR TOWN: Rural Union — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Mattie Middle: Isabelle Last: Rockey

4. DATE OF DEATH: Month: 8 Day: 6 Year: 1957

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH: 2/5/1883

9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months: Days: — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (City and state or country): Phelps County, Missouri

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Squire Bates Bryant

13b. MOTHER'S MAIDEN NAME: Martha Hart

14. NAME OF HUSBAND OR WIFE: Charles Rockey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): X

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. C. A. Plunkett. Dixon, Missouri — Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of large intestine with metastasis to cerebrum. — INTERVAL BETWEEN ONSET AND DEATH: 3 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 153X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Oct 4, 1955, to Aug 2, 1957 and last saw her alive on Aug 2, 1957
Death occurred at 4:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): D.O.

22b. ADDRESS: Dixon, Mo.

22c. DATE SIGNED: 8-7-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 8/8/1957

23c. NAME OF CEMETERY OR CREMATORY: Dixon Cemetery

23d. LOCATION (City, town, or county) (State): Dixon, Missouri

24. FUNERAL DIRECTOR ADDRESS: Fred H. Gilbert, Dixon, Missouri

25. DATE RECD. BY LOCAL REG.: 8-8-57

26. REGISTRAR'S SIGNATURE: Eula Mae Anderson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

RECEIVED 8-10-57
Pulaski County Health Office
File Number 101
Date Filed 8-8-57

AUG 19 1957

AUG 16 1957

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 Maurice E. Schierbaum

Licensed Embalmer No. 4505

P. O. Address .....

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.