

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31375

STATE FILE NUMBER

FILED OCT 11 1957

Registration District No. 119 Primary Registration District No. 4192 Registrar's No. 21

300 /
-57

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) Morrison		c. CITY OR TOWN Morrison	
c. FULL NAME OF (If NOT in hospital, give location) At Home		d. STREET ADDRESS (If outside, give location) 50 years	
3. NAME OF DECEASED (Type or print) First Anna Middle Louise Last Bockting		4. DATE OF DEATH Month Sept. Day 18, Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 10, 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Berger, Mo.
13a. FATHER'S NAME Fredrick Hartwig		13b. MOTHER'S MAIDEN NAME Louise Krueger	14. NAME OF HUSBAND OR WIFE Charles Bockting
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) np		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Clarence Bockting, Hermann, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Embolism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary & Generalized arteriosclerosis DUE TO (c) Hypertension PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension, Cardiac Hypertrophy			INTERVAL BETWEEN ONSET AND DEATH Intense 10-20 yrs. 4201
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 Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT <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 7-24-57 to 9-18-57 and last saw her alive on 9-14-57 . Death occurred at 4:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) L. B. Jamnarth, D.O.		22b. ADDRESS Chamois Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 21, Sept 1957	
23c. NAME OF CEMETERY OR CREMATORY Good Hope Cemetery		23d. LOCATION (City, town, or county) (State) Morrison, Mo.	
24. FUNERAL DIRECTOR ADDRESS Morrison Funeral Home, Linn, Mo.		25. DATE RECD. BY LOCAL REG. 9-21-57	
26. REGISTRAR'S SIGNATURE Delma G. Uffelman			

(Licensed Embelmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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2)

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 Vernon Morton

Licensed Embalmer No. 412

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.