Dept. Health, Duc., & Welfare U. S. Public Health Service

V. S. 300 D
Rev. 1-57

FILED JAN 17 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

47329

STATE FILE NUMBER 6138

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

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Inside Limits Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKES HOSPITAL — Length of stay in Ib 1 DAY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE KANSAS b. COUNTY JOHNSON
c. CITY OR TOWN LEAWOOD, KANSAS — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 8220 BELINDER — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: DELMAR Middle: DEAN Last: MOCK

4. DATE OF DEATH Month 12 Day 25 Year 57

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH April 20, 1904

9. AGE (In years last birthday) 53 — 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) Regional Manager

10b. KIND OF BUSINESS OR INDUSTRY Pillsbury Mills

11. BIRTHPLACE (City and state or country) MATOON, Illinois

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

13a. FATHER'S NAME J. E. MOCK

13b. MOTHER'S MAIDEN NAME Merle Ramsey

14. NAME OF ~~HUSBAND OR~~ WIFE MARY S. MOCK

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

16. SOCIAL SECURITY NO. 339-03-6998

17. INFORMANT MARY S. MOCK LEAWOOD KANSAS 8220 BELINDER ROAD

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) Anemia — INTERVAL BETWEEN ONSET AND DEATH 3 weeks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Multiple Myeloma — 10 months.
DUE TO (c) — 203 A
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

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 2-10-57, to 12-25-57 and last saw her/him alive on 12-25-57.
Death occurred at 12:00 MIDNIGHT m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. L. Byers (Degree or title) M.D.

22b. ADDRESS 4635 Wyandotte, K.C. 12, Mo

22c. DATE SIGNED 12-26-57

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

23b. DATE Dec. 26 1957

23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY

23d. LOCATION (City, town, or county) DALLAS (State) TEXAS

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1331 BAUSH CREEK, KANSAS CITY, MO

25. DATE RECD. BY LOCAL REG. 12-26-57

26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

P. L. Byers

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 ..... Signed Robert Ray .....
Signature of Student Embalmer

Licensed Embalmer No. 4182

P. O. Address K. C., 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.