

FILED MAR 10 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-005043

STATE FILE NUMBER

Registration District No. 119 Primary Registration District No. 5435 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <b>GASCONADE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <b>MO</b> b. COUNTY <b>GASCONADE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>BOEUF TWP.</b>		c. CITY OR TOWN <b>SWISS</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>SWISS</b>		d. STREET ADDRESS (If outside, give location) <b>12 mi. S. of HERMANN</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>MARVIN Rudolph BOCK</b>		4. DATE OF DEATH Month Day Year <b>FEB 17-1958</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>APRIL 6-1924</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MINER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CLAY INDUSTRY</b>	11. BIRTHPLACE (City and state or country) <b>HERMANN MO</b>
13a. FATHER'S NAME <b>WALTER BOCK</b>		13b. MOTHER'S MAIDEN NAME <b>VIOLA BAUR</b>	14. NAME OF HUSBAND OR WIFE <b>✓</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>494-22-3986</b>	17. INFORMANT <b>VIOLA SCHARR</b> Address <b>HERMANN MO</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Spinal cord compression</b> <b>cervical vertebra dislocation</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>3531F</b> DUE TO (c) <b>3531F</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Grand mal epilepsy, Diabetes mellitus</b>			INTERVAL BETWEEN ONSET AND DEATH <b>IMMEDIATE</b>
20a. ACCIDENT <input checked="" 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.) <b>Epileptic attack on stairway, fell to</b>	
20c. TIME OF INJURY Hour Month, Day, Year <b>7 a.m. 2-17-58</b>		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.) <b>HOME</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>SWISS GASCONADE MO</b>	
21. I attended the deceased from <b>1954</b> to <b>FEB 17, 1958</b> and last saw him alive on <b>DEC 1957</b> Death occurred at <b>7 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>George M. Wickman M.D.</b>		22b. ADDRESS <b>HERMANN, MO</b>	
22c. DATE SIGNED <b>2-18-58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>2/20/58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>HERMANN CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>HERMANN MO</b>	
24. FUNERAL DIRECTOR <b>HUGO H. BLUMER</b>		25. DATE RECD. BY LOCAL REG. <b>2-20-58</b>	
26. REGISTRAR'S SIGNATURE <b>Delma Uffelman</b>			

APR 24 1958

### 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 *Chas. H. Pope* .....

Licensed Embalmer No. *2552* .....  
P. O. Address *Hermann* .....

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.