

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024791
STATE FILE NUMBER

Health,
Welfare
Public
Service
43

300
1-56

ALL
DISEASES
IN
PART
I
MUST
BE
CASUALLY
RELATED.
CORONER
CANNOT
CERTIFY
TO
A
DEATH
DUE
TO
NATURAL
CAUSES.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 169

FILED JUL 29 1958

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Fulton</u> <u>0140</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Callaway Hospital</u>		Length of stay in 1b <u>30 Min.</u>	d. STREET ADDRESS (If outside, give location) <u>R.F.D. # 2</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Herman</u> Last <u>Bock</u>			4. DATE OF DEATH Month <u>July</u> Day <u>21</u> Year <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 7 1896</u>
9a. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life; seen if retired) <u>Farmer and Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (City and state or country) <u>Richfountain, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Peter Bock</u>	
14. MOTHER'S MAIDEN NAME <u>Mary Springer</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Mrs. John H. Bock R#2 Fulton, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> 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) <u>4201</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
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 _____ a. m. _____ p. m. Month, Day, Year _____			
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>1949</u> to <u>death</u> and last saw her alive on <u>7-21-58</u> Death occurred at <u>4:30</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John J. Brown M.D.</u> (Degree or title)		22b. ADDRESS <u>Fulton, Mo.</u>	
22c. DATE SIGNED <u>7-27-58</u>			
23a. BURIAL, CREMATION, REBURYAL (Specify)		23b. DATE <u>July 24, 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>		23d. LOCATION (City, town, or county) (State) <u>Fulton Mo</u>	
24. FUNERAL DIRECTOR <u>Wallace Funeral Home, Fulton Mo</u>		25. DATE RECD. BY LOCAL REG. <u>July 27-1958</u>	
26. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 *Denzil C. Browning*

Licensed Embalmer No. 272

P. O. Address *Fulton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.