

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025109

State File No.

FILED AUG 12 1958

BIRTH NO. REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 5443 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hermann		c. LENGTH OF STAY (in this place) 2 mos.	c. CITY OR TOWN Bland 0370
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Frene Valley Rest Home		f. STREET ADDRESS (If rural, give location) Rural Route	
3. NAME OF DECEASED (Type or Print)	a. (First) Fritz	b. (Middle) J	c. (Last) Bock
4. DATE OF DEATH	(Month) 7	(Day) 2	(Year) 58
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 10-26-77
9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and State or Foreign Country) Bland, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Frank Bock		13b. MOTHER'S MAIDEN NAME Augusta Kuschel	
14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Ferdinand Bock		ADDRESS Bland, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? no			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-1-58 , 19__, to 7-2-58 , 19__, that I last saw the deceased alive on 7-2-58 , 19__, and that death occurred at 7:15P m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Camel T. Shaw, M.D.		23b. ADDRESS Hermann, Missouri	
23c. DATE SIGNED 7-3-58			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7-5-1958	24c. NAME OF CEMETERY OR CREMATORY Old Bland Cemetery	24d. LOCATION (City, town, or county) (State) near Bland, Mo.
25. FUNERAL DIRECTOR'S SIGNATURE Delma Uffelman		ADDRESS OWENSVILLE	

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 *me*, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Wesley H. White*

Licensed Embalmer No. 38

P. O. Address OWENSON

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.