

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043987

STATE FILE NUMBER

FILED JAN 5 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5930

300
1-57

| | | | | | | | |
|---|----------------------------------|---|---|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Kansas City</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hospital</u> | | | Length of stay in 1b <u>57 YEARS</u> | | | d. STREET ADDRESS <u>19 W 81st Terrace</u> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>EMIL A. BOCKELMAN</u> | | | | 4. DATE OF DEATH Month Day Year <u>12 - 12 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>APRIL-13-1899</u> | | 9. AGE (In years last birthday) <u>59</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BUILDER</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BUILDER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>HOMES</u> | | 11. BIRTHPLACE (City and state or country) <u>LINCOLN, KANSAS</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>CHRISTOPHER BOCKELMAN</u> | | | 13b. MOTHER'S MAIDEN NAME <u>MARIE THIEMAN</u> | | | 14. NAME OF HUSBAND OR WIFE <u>MINNIE BOCKELMAN</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. SOCIAL SECURITY NO. <u>500-20-3378</u> | | 17. INFORMANT, Address <u>MRS. MINNIE BOCKELMAN KANSAS CITY, MO. 19 WEST 81ST TERR.</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>Arteriosclerotic Heart disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>with congestive failure</u> 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>4780</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 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 Month, Day, Year a.m. p.m. | | | 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 <u>12-4-58</u> to <u>12-12-58</u> and last saw ^{her} him alive on <u>12-12-58</u> Death occurred at <u>10:39 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>Abraham Gelpert</u> (Degree or title) <u>0</u> | | | | 22b. ADDRESS <u>24th & Cherry</u> | | 22c. DATE SIGNED <u>12-12-58</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 23b. DATE <u>DEC-16-1958</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u> | | 23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u> | |
| 24. FUNERAL DIRECTOR ADDRESS <u>D.W. NEWCOMER'S SONS 4331 BRUSH CREEK KANSAS CITY, MO.</u> | | | 25. DATE RECD. BY LOCAL REG. <u>12-16-58</u> | | 26. REGISTRAR'S SIGNATURE <u>newel minshall</u> | | |

All diseases in Part I must be causally related. No symptoms will be listed.

Abraham Gelpert M.D. Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

Licensed Embalmer No.....

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.