

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013742

STATE FILE NUMBER

FILED MAY 13 1959

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 239

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JOPLIN</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>JOPLIN</b> <u>0495</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 <b>2934 E. 11TH ST.</b>		Length of stay in 1b <b>YRS</b>	d. STREET ADDRESS (If outside, give location) <b>2934 E. 11TH ST.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>ROSELLA J. FLOCK</b>			4. DATE OF DEATH Month Day Year <b>MAY 2, 1959</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JULY 30, 1872</b>
9. AGE (In years last birthday) <b>86</b>		10. USUAL OCCUPATION (Give kind of work done during last year, or occupation if even if retired) <b>HOUSEWIFE</b>	11. BIRTHPLACE (City and state or country) <b>JEFFERSON COUNTY, ILL.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>QUINCY W. ALLEN</b>	13b. MOTHER'S MAIDEN NAME <b>MARGARET LOVIN</b>
14. NAME OF HUSBAND OR WIFE <b>DEC'D S. E. (ED) FLOCK, 1941</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.
17. INFORMANT <b>DAU-</b> <b>MRS. ELSIE BAUER, 3528 JOPLIN STREET</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) <u>Medullary failure</u> DUE TO (b) <u>Cerebral thrombrosis</u> DUE TO (c) <u>Arterio-sclerosis</u> 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>332X</b>	
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>April 27</u> to <u>April 30</u> and last saw her alive on <u>April 30, 1959</u> Death occurred at <u>12:45 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W. R. P. [Signature]</i>		22b. ADDRESS <b>2619 Main St., Joplin, Mo</b>	22c. DATE SIGNED <b>5/5/59</b>
23a. BURIAL, CREMATION, REINTERMENT <b>BURIAL</b>	23b. DATE <b>5-7-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CARL JUNCTION CEMETERY,</b>	23d. LOCATION (City, town, or county) (State) <b>CARL JUNCTION, MO.</b>
24. FUNERAL DIRECTOR ADDRESS <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>5-7-1959</b>	26. REGISTRAR'S SIGNATURE <i>Doyle Merriam</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Physician, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *F. M. Jones* .....

Licensed Embalmer No. *2319* .....

P. O. Address *Jap. Linn. 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.