

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014510

STATE FILE NUMBER

FILED APR 27 1959

Registration District No. 297

Primary Registration District No. 6022

Registrar's No. 57

S. 300
- 1-57

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| 1. PLACE OF DEATH a. COUNTY Ray | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Township | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Henrietta <i>0890</i> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ray Co. Hospital | | Length of stay in lb 1 week | d. STREET ADDRESS (If outside, give location) R.F.D. #2 |
| Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |

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| 3. NAME OF DECEASED (Type or print) First Middle Last Adeline Avis Rocklage | | | 4. DATE OF DEATH Month Day Year April 15, 1959 | | |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Dec. 27, 1888 | 9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY At home | 11. BIRTHPLACE (City and state or country) Richmond, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME John C. Brown | 13b. MOTHER'S MAIDEN NAME Olive E. Miller | 14. NAME OF HUSBAND OR WIFE Charles W. Rocklage |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Address Charles W. Rocklage Henrietta, Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intestinal Obstruction | | INTERVAL BETWEEN ONSET AND DEATH |
| DUE TO (b) Carcinoma of Colon | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) 1538 | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) |
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| 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 |
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| 21. I attended the deceased from January 6, 1958 to April 15, 1959 and last saw her/him alive on Apr: 17, 1959 Death occurred at 12:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated. | |
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| 22a. SIGNATURE (Degree or title) Sharon D. Good, M.D. | 22b. ADDRESS Richmond, Missouri | 22c. DATE SIGNED 4/16/59 |
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| 23a. BURIAL, CREMATION, BENEFIT (Specify) Burial | 23b. DATE 4/16/1959 | 23c. NAME OF CEMETERY OR CREMATORY Sunny Slope Cemetery | 23d. LOCATION (City, town, or county) (State) Richmond, Missouri |
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| 24. FUNERAL DIRECTOR ADDRESS Quest-Life Funeral Home Richmond, Missouri | 25. DATE RECD. BY LOCAL REG. 4-24-1959 | 26. REGISTRAR'S SIGNATURE Malcolm Jackson |
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(Licensed Embalmer's Statement on Reverse Side)

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

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.