

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-036379**

**FILED VS NOV 10 1959**

149

Registration District No. 1002 Primary Registration District No. 1002 Registrar's No. 5155

**5155**

STATE FILE NUMBER

RECORDED

|   |   |   |   |
|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>                       |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>   |   | Length of stay in lb<br><b>60yrs.</b>   | c. CITY OR TOWN <b>Kansas City</b> Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><b>St. Lukes Hosp.</b>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>209 Brush Creek</b> Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                   |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Lucy</b> Middle <b>Collier</b> Last <b>Rock</b>   |   |   | 4. DATE OF DEATH<br>Month <b>Oct.</b> Day <b>24</b> Year <b>1959</b>  |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>12-4-1872</b>  |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>At home</b>  |   | 9b. KIND OF BUSINESS OR INDUSTRY  | 9. AGE (last birthday)<br><b>87 86</b> IF UNDER 1 YEAR<br>Months Days Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>At home</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><b>Platt County, Mo.</b>  |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b>  |   | 13a. FATHER'S NAME<br><b>John Collier</b>   | 13b. MOTHER'S MAIDEN NAME<br><b>Elizabeth Adkins</b>  |
| 14. NAME OF HUSBAND OR WIFE<br><b>Wm. L. Rock</b>   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)   | 16. SOCIAL SECURITY NO.<br><b>None</b>  |
| 17. INFORMANT<br><b>Wm. Lawrence Rock</b>   |   | Address<br><b>209 Brush Creek</b>   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral vascular thrombosis</b><br>DUE TO (b) <b>arteriosclerosis, cerebral</b><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>18 hours</b><br><b>5 years</b>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>arteriosclerotic heart disease</b>  |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   | 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<br>Hour _____<br>Month, Day, Year _____<br>a.m. _____<br>p.m. _____   | 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 <b>Oct 23, 1959</b> to <b>Oct 29, 1959</b> and last saw her alive on <b>Oct 29, 1959</b><br>Death occurred at <b>10:30 pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |   |
| 22a. SIGNATURE (Degree or title)<br><b>Eugene Smith M.D.</b>  |   | 22b. ADDRESS<br><b>411 Nichol Road Keno</b>   | 22c. DATE SIGNED<br><b>Oct 26 59</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>Oct. 27, 59</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Fairview Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Liberty Mo.</b>   |
| 24. FUNERAL DIRECTOR<br><b>Stine &amp; McClure Kansas City</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>10-26-59</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Irene Marshall</b>  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Eugene Smith

**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

*Joe B. Yoder*

Licensed Embalmer No. 4173

P. O. Address K. C. 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.