

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH
FILED VS JAN - 4 1960

'59 0 43 2 6 1

STATE FILE NUMBER

Registration District No. 12 Primary Registration District No. 3 Registrar's No. _____

ENDED

1. PLACE OF DEATH a. COUNTY <u>BARRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>BARRY</u>			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>PIERCE CITY RT. 1.</u>		Length of stay in 1b <u>2 Mos</u>		c. CITY OR TOWN <u>PIERCE CITY</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>NONE</u>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>PIERCE CITY</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>JOHN EVANS BROCK</u>				4. DATE OF DEATH Month Day Year <u>11 - 3 - 1959</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>7-19-1885</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>14</u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>		11. BIRTHPLACE (City and state or country) <u>BETHPAGE Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S</u>	
13a. FATHER'S NAME <u>NEWTON E. BROCK</u>			13b. MOTHER'S MAIDEN NAME <u>BURKHARD</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Neh Brock</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>493-14-1511</u>		17. INFORMANT Address <u>Neh Brock PIERCE CITY Mo.</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>Hydrostatic Pneumonia</u> DUE TO (b) <u>Passive Heart Failure & edema</u> DUE TO (c) <u>Senility</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Hour a.m. p.m. Month, Day, Year		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 <u>4-29-58</u> to <u>11-3-59</u> and last saw him alive on <u>10-14-59</u> Death occurred at <u>1:00 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deedee or title) <u>W. H. White RO.</u>				22b. ADDRESS <u>Pineville, Mo.</u>		22c. DATE SIGNED <u>12-26-59</u>	
23. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>11-5-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Union CEM</u>		23d. LOCATION (City, town, or county) (State) <u>Stehla Mo. RT.</u>		
24. FUNERAL DIRECTOR <u>Humphreys & Son F. Home</u>				25. DATE RECD. BY LOCAL REG. <u>Jan. 4, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Thomas C. Durdan</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JAN 5 1960

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 *R. M. Humphrey, Jr.*

Licensed Embalmer No. 4708

P. O. Address Noel, 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.