

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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FILED VS DEC 21 1959

Registration District No. 184 Primary Registration District No. 5692 Registrar's No. 138

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Linn				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Linn					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Parson Creek Twp.		Length of stay in 1b		c. CITY OR TOWN Brookfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 miles west of Meadville, Mo.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 420 N. Clinton		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Robert Middle Milo Last Shrock				4. DATE OF DEATH Month Dec. Day 10 Year 1959					
5. SEX M	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 9-7-1926	9. AGE (last birthday) 33	IF UNDER 1 YEAR Months 3 Days 3 Hours Min. 	IF UNDER 24 HR Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Trainman			10b. KIND OF BUSINESS OR INDUSTRY Railroad Conductor Brookfield, Mo.		11. BIRTHPLACE (City and state or country) U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Lewis Milo Shrock			13b. MOTHER'S MAIDEN NAME Ceciala Stephens			14. NAME OF HUSBAND OR WIFE Wanda Dorrell Shrock			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes 1948-1950			16. SOCIAL SECURITY NO. 498-24-7021		17. INFORMANT Wanda Shrock			Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Car Collision							INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)									
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 checked="" 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.) Failed to see car ahead due to fog					
20c. TIME OF INJURY 11:30 p.m. Dec. 10-1959									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 3 miles west of Meadville - Meadville		20f. CITY, TOWN, OR LOCATION Linn		COUNTY Mo.		STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at Dec. 10 11:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Dorsey R. Chapman, Sheriff, Active Member				22b. ADDRESS Linneus, Missouri				22c. DATE SIGNED 12/11/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 14-1959	23c. NAME OF CEMETERY OR CREMATORY St. Michaels Cemetery Brookfield, Mo.			23d. LOCATION (City, town, or county) (State)			
24. FUNERAL DIRECTOR Harmer Bowden Brookfield Mo				25. DATE RECD. BY LOCAL REG. 12-14-59		26. REGISTRAR'S SIGNATURE Katharine Johnson			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS DEC 22 1959

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harmer A Bowden

Licensed Embalmer No. 3295

P. O. Address Brookfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.