

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019296

FILED VS MAY 27 1960

149

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002 Registrar's No. \_\_\_\_\_

2666

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>23 yrs.</b>		c. CITY OR TOWN <b>Kansas City</b>		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>St. Lukes Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>732 E. 70th. Terr.</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
*3. NAME OF DECEASED (Type or print) First <b>MR. GEORGE</b> Middle <b>C.</b> Last <b>BOCKOVER</b>				4. DATE OF DEATH Month <b>May</b> Day <b>15</b> Year <b>1960</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Sept. 13-15 44</b>		9. AGE (last birthday) <b>14</b>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Vice-president - Mgr.</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Progressive Mfr. Co.</b>		11. BIRTHPLACE (City and state - country) <b>Bonner Springs, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>						
13a. FATHER'S NAME <b>Cleveland Bockover</b>			13b. MOTHER'S MAIDEN NAME <b>Hazel Mize</b>			14. NAME OF HUSBAND OR WIFE <b>Stella Bockover</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. <b>486-09-6720</b>		17. INFORMANT Address <b>Mrs. Stella Bockover 732 E. 70th. Terr.</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) <b>Traumatic Transection of the Pancreas, Common Bile Duct, Cystic Duct, Portal Vein, Haptic Artery and</b> DUE TO (b) <b>Lesser Omentum</b> DUE TO (c) <b>Massive Intra-Abdominal Hemorrhage</b> 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 checked="" type="checkbox"/> NO <input 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.) <b>One car struck tree</b>									
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year <b>5-15-60</b>		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.) <b>Street</b>		20f. CITY, TOWN, OR LOCATION <b>Kansas City,</b>		COUNTY <b>Jackson Missouri</b>		STATE			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <b>Stella Bockover</b>						22b. ADDRESS <b>Rialto Building</b>				22c. DATE SIGNED <b>5-16-60</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify)			23b. DATE		23c. NAME OF CEMETERY OR CREMATORY				23d. LOCATION (City, town, or county) (State) <b>Bonner Springs, Missouri</b>				
24. FUNERAL DIRECTOR <b>Melody McGilley-Eylar Funeral Home</b>						ADDRESS <b>1800 E. Linwood Blvd.</b>		25. DATE RECD. BY LOCAL REG. <b>5-16-60</b>		26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF HIGH OFFICERS

**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 *Arthur Eugene*

Licensed Embalmer No. 4912

P. O. Address KC MO

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.