

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004317

STATE FILE NUMBER

AMENDED

Registration District No.

336

Primary Registration District No.

336 4493

Registrar's No.

85

FILED VS FEB 15 1961

1. PLACE OF DEATH

a. COUNTY

SHANNON

b. CITY (If outside corporate limits, give TOWNSHIP only)

BIRCH TREE MO.

Length of stay in lb

3 hrs

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

DR. O'BANNONS OFFICE

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

SHANNON

c. CITY OR TOWN

WINONA

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

2 miles South

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Roy

EVERETT

BOCKMAN

4. DATE OF DEATH

Month

Day

Year

JAN

21

1961

5. SEX

M

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

10-4-1896

9. AGE (last birthday)

65

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

FARMER

OREGON COUNTY

U.S.

13a. FATHER'S NAME

THOMAS T. BOCKMAN

13b. MOTHER'S MAIDEN NAME

MISSOURI TENNESSEE HAHN

14. NAME OF HUSBAND OR WIFE

GOLDA GAY BOCKMAN

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.

17. INFORMANT

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)

CORONARY THROMBOSIS

INTERVAL BETWEEN ONSET AND DEATH

16 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

CORONARY ARTERIOSCLEROSIS

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.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

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, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 May 2, 1960, Jan 21, 1961 and last saw her alive on Jan 21, 1961. Death occurred on Jan 21, 1961 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Ernest E. G. Lary, Box 398, Winona, Mo. 2-13-1961

Mabel Boen

(Licensed Embalmer's Statement on Reverse Side)

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 Ernest E. Clary

Licensed Embalmer No. 5118

P. O. Address Box 398, Winona, 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.