

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007944

STATE FILE NUMBER

Registration District No. 55 Primary Registration District No. 130v1 Registrar's No. 21

FILED VS MAR 14 1961

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Norborne		Length of stay in 1b 6 weeks	c. CITY OR TOWN Norborne
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 204 E. Third		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7 Mi. S W Norborne, Mo.
3. NAME OF DECEASED (Type or print) First Middle Last Sinton Irvin Rockhold		4. DATE OF DEATH Month Day Year March 3, 1961	

5. SEX Male	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 9-18-1891	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Carroll County Mo.	12. CITIZEN OF WHAT COUNTRY U S A
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13a. FATHER'S NAME John Rockhold	13b. MOTHER'S MAIDEN NAME Nannie Evans	14. NAME OF HUSBAND OR WIFE Lottie Edmonson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	17. INFORMANT Address Norborne, Mo. Mrs. Lottie Rockhold
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) lymphatic leukemia		INTERVAL BETWEEN ONSET AND DEATH 5 1/2 years
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
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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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
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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
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21. I attended the deceased from 5-22-54 to 3-3-61 and last saw him alive on 3-1-61 Death occurred at 10:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Joseph H. Haskell M.D.	22b. ADDRESS Norborne, Mo.	22c. DATE SIGNED 3-5-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-5-1961	23c. NAME OF CEMETERY OR CREMATORY Fairhaven Cemetery	23d. LOCATION (City, town, or county) (State) Norborne, Missouri
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24. FUNERAL DIRECTOR Gibson Funeral Home	ADDRESS Norborne, Mo.	25. DATE RECD. BY LOCAL REG. 3-5-61	26. REGISTRAR'S SIGNATURE Mr. Herbert Carter
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1961 JUN 9 NNC

1961 JUN 22 NNC

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

Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton

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.