

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009738

STATE FILE NUMBER

Registration District No. 207 Primary Registration District No. Registrar's No. 11

FILED MAR 27 1961

1. PLACE OF DEATH a. COUNTY <b>Maries</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Maries</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Belle Mo</b>				Length of stay in 1b <b>6 Yrs.</b>		c. CITY OR TOWN <b>Belle Mo</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home in Belle</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>None</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Louis Fred Bock</b>				4. DATE OF DEATH Month Day Year <b>March 18, 1961</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>9/17/91</b>	
						9. AGE (last birthday) <b>69</b>	
						IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>		11. BIRTHPLACE (City and state or country) <b>Bland Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>							
13a. FATHER'S NAME <b>Fred A. Bock</b>				13b. MOTHER'S MAIDEN NAME <b>Amelia Beal</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Sorrels Bock</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>500-10-9450-A</b>		17. INFORMANT Address <b>Mrs Louis Bock</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>Coronary Thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Atherosclerosis</b> DUE TO (c) <b>Chronic Myocardial Degeneration</b>							INTERVAL BETWEEN ONSET AND DEATH <b>4 mos. + 5 yrs. + 3 yrs.</b>
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 <b>11-26-60</b> to <b>3-18-61</b> and last saw him alive on <b>3-16-61</b> Death occurred at <b>5:30 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Ruea B. Bock, M.D.</b>				22b. ADDRESS <b>Owensville, Mo.</b>		22c. DATE SIGNED <b>3-18-61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>3/20/61</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Liberty</b>		23d. LOCATION (City, town, or county) (State) <b>Belle Mo</b>	
24. FUNERAL DIRECTOR <b>Frank Jones Bell</b>				25. DATE RECD. BY LOCAL REG. <b>March 20, 1961</b>		26. REGISTRAR'S SIGNATURE <b>Thoyelle Hetchian</b>	

(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

*[Handwritten Signature]*

Licensed Embalmer No. 4411

P.O. Address Baltimore

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.