

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-030481

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. - Registrar's No. 321

AMENDED FILED AUG 23 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Francois Township</u>		Length of stay in 1b <u>36Y; 5M; 19d</u>	c. CITY OR TOWN <u>Coutre</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital No. 4</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Unknown</u>
3. NAME OF DECEASED (Type or print) First <u>MORRIS</u> Middle <u></u> Last <u>BROCK</u>		4. DATE OF DEATH Month <u>July</u> Day <u>12</u> Year <u>1961</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>July 10, 1904</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	9. AGE (last birthday) <u>57</u>
11. BIRTHPLACE (City and state or country) <u>Fulton, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>W. E. Brock</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u></u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Records, State Hospital No. 4, Farmington, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion - - - - - instantaneous.</u> DUE TO (b) <u>Coronary Sclerosis - - - - - Unknown</u> DUE TO (c) <u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u></u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Dementia Praecox Psychosis - - - - - Abt. 36 1/2 yrs.</u>			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.) <u></u>	
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>		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.) <u></u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u></u>	
21. I attended the deceased from <u>April 1, 1925</u> to <u>July 12, 1961</u> and last saw him alive on <u>July 12, 1961</u> Death occurred at <u>7:10 A. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>G. J. Hooton M.D.</u>		22b. ADDRESS <u>State Hospital No. 4 Farmington, Missouri</u>	
22c. DATE SIGNED <u>7-13-61</u>		23. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>July 13, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Washington Univ. Anat. Dept.</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Via Cozean Funeral Home, Farmington, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>July 13, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Ether Redloff</u>

DATE EXPIRES

RESIDENCE BEFORE ADMISSION

RESIDE ON FARM  
Yes  No

RESIDE ON FARM  
Yes  No

Year

Day

Month

IF UNDER 24 HR. UNDER 1 YEAR  
Days Hours Mins.

OF WHAT COUNTRY

OF HOW LONG OF W.L.T.

INTERVAL BEEN SINCE

**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.

**NOT EMBALMED.**

Student \_\_\_\_\_

Signed \_\_\_\_\_

Signature of Student Embalmer

Licensed Embalmer No. 4084

P. O. Address Farmington, Miss

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.