MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED SEP 19 1961

61-032672 STATE FILE NUMBER

Registration District No. 142 Primary Registration District No. 5556 Registrar's No. 43

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Howell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Mtn. View, Mo.
Length of stay in 1b: 3 hrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Saint Francis Hosp.
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):
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Grover Middle: Cleveland Last: Bockman
4. DATE OF DEATH: Month: Aug. Day: 25 Year: 1961
5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1/8/1893
9. AGE (last birthday): 68
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocer
10b. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (City and state or country): Oregon County
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Thomas T. Bockman
13b. MOTHER'S MAIDEN NAME: Missouri Tennessee Hahn
14. NAME OF HUSBAND OR WIFE: Laura Bockman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Norma Wisecarver, Address: Winona, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute myocardial infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
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. ☐ Yes ☐ No ☐ Unknown

19. 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, Year
20d. 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 Aug 25, 1961 to Aug 25-61 and last saw her/him alive on Aug 25-61
Death occurred at Aug 25, 1961 m on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title): M.C. Walton M.D.
22b. ADDRESS: Mtn view MO.
22c. DATE SIGNED: 9-11-61

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 8/27/61
23c. NAME OF CEMETERY OR CREMATORY: Pine Lawn Cemetery
23d. LOCATION (City, town, or county) (State): Winona, Missouri

24. FUNERAL DIRECTOR ADDRESS: Clary Funeral Home, Winona,
25. DATE RECD. BY LOCAL REG.: 9-12-1961
26. REGISTRAR'S SIGNATURE: Laura Mitchell

(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_____ Signed Ernest C. Clary

Signature of Student Embalmer

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.