

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

12V -61-035579

STATE FILE NUMBER

AMENDED

Registration District No. 336 Primary Registration District No. 336 Registrar's No. 336

FILED OCT 11 1961

1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Shannon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Winona Mo		c. CITY OR TOWN Winona Mo	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION home		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First John Middle William Last Bockman		4. DATE OF DEATH Month Oct Day 6 Year 1961	
5. SEX Male	6. COLOR OR RACE white	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 11-14-1879
9. AGE (last birthday) 81		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchant		10b. KIND OF BUSINESS OR INDUSTRY merchant	
11. BIRTHPLACE (City and state or country) Oregon Co Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Bockman		13b. MOTHER'S MAIDEN NAME Mary McCamey	
14. NAME OF HUSBAND OR WIFE Iva 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. 495 07 5651		17. INFORMANT Wesley Bockman	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Senility with Dementia		INTERVAL BETWEEN ONSET AND DEATH	
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. ☐ 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.	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 Oct 4 1961 to Oct 6 61 and last saw her him alive on Oct 6 1961		Death occurred at 4:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE H. J. Pallen (Degree or title)		22b. ADDRESS Winona Mo	
22c. DATE SIGNED 10/10/61		23a. BIRTHPLACE (City, town, or county) (State) Winona Mo	
23b. DATE 10-8-61		23c. NAME OF CEMETERY OR CREMATORY Baptist Hill Cenetery	
24. FUNERAL DIRECTOR Clary Funeral Home		25. DATE RECD. BY LOCAL REG. Oct 10 - 1961	
26. REGISTRAR'S SIGNATURE Mabel Green			

(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. Carey

Licensed Embalmer No. 5118

P. O. Address Box 395, 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.