

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-041176

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5869 STATE FILE NUMBER

AMENDED

FILED DEC 11 1961

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Length of stay in 1b 1 Day | c. CITY OR TOWN Raytown Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Memorial Hosp. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 5902 Blue Ridge Cutoff Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|----------------------------------|---|---|--|---|--|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last GUY ERNEST MOCK | | | 4. DATE OF DEATH Month Day Year November 21 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 2/9/1900 | 9. AGE (last birthday) 61 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONTRACTOR | | 10b. KIND OF BUSINESS OR INDUSTRY MOCK BUILDING COMPANY | | 11. BIRTHPLACE (City and state or country) PERRY, OKLAHOMA | | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |
| 13a. FATHER'S NAME ALBERT MOCK | | 13b. MOTHER'S MAIDEN NAME MARY ETCHISON | | 14. NAME OF HUSBAND OR WIFE Irene Mock | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES WORLD WAR I | | | 17. INFORMANT Address Irene Mock, 5902 Blue Ridge Cutoff Raytown, Mo. | | | | |

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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) Bronchial Pneumonia | | INTERVAL BETWEEN ONSET AND DEATH 48 hrs |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Bronchial Stenosis with atelectasis + cyclic changes night | | 1 year |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Rheumatoid Spondylitis inactive | | 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.) |
| 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 |
| 21. I attended the deceased from 10 April 61 to 21 Nov 61 and last saw ^{her} him alive on 18 Nov 61 Death occurred at 10:30 A. 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) Jack M Davis M.D. | | 22b. ADDRESS Raytown Mo. | 22c. DATE SIGNED 21 Nov 61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE NOV. 24, 1961 | 23c. NAME OF CEMETERY OR CREMATORY BROOKINGS CEMETERY | 23d. LOCATION (City, town, or county) (State) Kansas City Missouri |

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| 24. FUNERAL DIRECTOR ADDRESS D.W. Newcomer's Sons, Kansas City, Mo. 1331 Brush Creek Blvd. | 25. DATE RECD. BY LOCAL REG. 11-23-61 | 26. REGISTRAR'S SIGNATURE Ruth Long |
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
Jack M. Davis

NEW NO. SHOULD READ

RECEIVED 11 11 1961

VS DEC 11 1961

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 *James O. Reich*

Licensed Embalmer No. 4998
P. O. Address Kennett City

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.