

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED JAN 26 1962/8

-62-001052

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

3

DATE

AMENDED

9

6

10

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8

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Owensville, Missouri</u>		Length of stay in 1b <u>10 Months</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Owensville, Missouri</u>		Inside Limits Yes ☒ No ☐	
d. STREET ADDRESS <u>None</u>		Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Ferdinand Louis Bock</u>		4. DATE OF DEATH Month Day Year <u>January 19, 1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>5-30-80</u>
9. AGE (last birthday) <u>81</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (City and state or country) <u>Woollam, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Frank Gerston Bock</u>		13b. MOTHER'S MAIDEN NAME <u>Augusta Kuschel</u>	
14. NAME OF HUSBAND OR WIFE <u>Ida Bock</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>496-40-9118-A</u>		17. INFORMANT Address <u>Ida Bock Bland, Missouri</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>Cerebral Arterial Sclerosis</u> DUE TO (b) <u>Arterial Sclerosis of Heart</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>4</u>	
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.) <u>4-6-62</u>		20f. CITY, TOWN, OR LOCATION <u>1-19-62</u>	
20g. COUNTY <u>Gasconade</u>		20h. STATE <u>Missouri</u>	
21. I attended the deceased from <u>4-9-62</u> to <u>1-19-62</u> and last saw him alive on <u>1-18-62</u> Death occurred at <u>9:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE <u>Charles Shumaker</u> (Degree of title)		22b. ADDRESS <u>Clerald</u>	
22c. DATE SIGNED <u>1-20-62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>1-21-62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Old Bland Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Bland, Missouri</u>		23e. DATE RECD. BY LOCAL REG. <u>January 20, 1962</u>	
23f. REGISTRAR'S SIGNATURE <u>Mrs. Martin Juppman</u>		23g. ADDRESS <u>Owensville, Missouri</u>	
23h. FURNERAL DIRECTOR <u>Joe A. Thompson</u>		23i. ADDRESS <u>Home</u>	

(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

Jerry A. Thompson

Licensed Embalmer No. 5165

P. O. Address Owensville 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.