

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030271

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 35 Primary Registration District No. 4084 Registrar's No. 101

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED SEP 10 1962**

VS 300  
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>CARROLL</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>CARROLL</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>WAKEJDA TWP</b>		c. CITY OR TOWN <b>NORBORNE</b>	
Length of stay in 1b <b>Minutes</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>on US Highway 65 + 24</b>		d. STREET ADDRESS (If outside, give location) <b>217 N. PINE</b>	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Floyd Elsworth Brock JR.</b>		4. DATE OF DEATH Month Day Year <b>Sept. 1, 1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-3-1940</b>
9. AGE (last birthday) <b>21</b>		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) <b>laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>	11. BIRTHPLACE (City and state or country) <b>NORBORNE, MO.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Floyd Elsworth Brock</b>	
13b. MOTHER'S MAIDEN NAME <b>Ruby Dye</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
17. INFORMANT <b>3 Ruby Brock</b>		Address <b>217 N. PINE NORBORNE, MO</b>	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MULTIPLE FRACTURE NO INTERNAL</b> DUE TO (b) <b>INJURIES FROM AUTO ACCIDENT</b> DUE TO (c) <b>ON HIGHWAY 24+65 So. of CARROLLTON, MO</b> Conditions, if any, which gave rise to above cause (a), giving the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>5 MIN.</b>
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. <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 checked="" 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.) <b>2 CAR ACCIDENT</b>	
20c. TIME OF INJURY Hour Month, Day, Year <b>5:00 p.m. 9-1-62</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>ON HIGHWAY 24+65</b>		20f. CITY, TOWN, OR LOCATION <b>RURAL CARROLLTON, CARROLL MO</b>	
21. I attended the deceased from <b>6:00 AM</b> to <b>5:05 PM</b> and last saw her/him alive on _____		Death occurred at <b>5:05 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree) <b>Coroner</b> <b>Conrad L. Smith DO. Carroll Co. Mo</b>		22b. ADDRESS <b>1871 9th St. Carrollton, Mo</b>	
22c. DATE SIGNED <b>9-4-62</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>9-4-1962</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Fairhaven Cemetery</b>	
23d. LOCATION (City, town, or county) <b>NORBORNE, MO.</b>		24. FUNERAL DIRECTOR <b>Gibson Funeral Home NORBORNE, MO.</b>	
25. DATE RECD. BY LOCAL REG. <b>9-6-62</b>		26. REGISTRAR'S SIGNATURE <b>Willie Moore-Hughes</b>	

USE BLACK INK OR TYPEWRITER RIBBON

**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 Harold L. Walker

Licensed Embalmer No. 45-88

P. O. Address Lexington, 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.