

FILED MAY 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **16922**

BIRTH NO. _____		REG. DIST. NO. <b>2911</b>		PRIMARY REG. DIST. NO. <b>6007</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>RANDOLPH JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>RANDOLPH</b>					
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Rural</b>		c. LENGTH OF STAY (in this place) <b>34 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural JACKSON</b>		d. STREET ADDRESS (If rural, give location) <b>1/2 mi N. of Jacksonville, Mo</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2 mi N. of Jacksonville, Mo</b>				d. STREET ADDRESS (If rural, give location) <b>1/2 mi N. of Jacksonville, Mo</b>					
3. NAME OF DECEASED (Type or Print) <b>Armedelia Jane</b>			a. (First)		b. (Middle) <b>Brock</b>		c. (Last)		
4. DATE OF DEATH <b>Feb 5 1949</b>		Month		Day		Year			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Mar. 18, 1867</b>		9. AGE (In years last birthday) <b>81</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Macon Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>			
13a. FATHER'S NAME <b>Green Moore</b>			13b. MOTHER'S MAIDEN NAME <b>Sarah Francis Lucas</b>			14. NAME OF HUSBAND OR WIFE <b>Raymond Brock</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>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ben F. Moore</b>		ADDRESS <b>Jacksonville Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Rt. Breast</b>				DUPLICATE OF (b) <b>Tumor in Abdomen probable ovary -</b>				<b>2 yrs.</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUPLICATE OF (c) <b>none</b>				<b>1 yr.</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>none</b>				<b>190X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>no operation</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Macon Missouri</b>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <b>Nov 1948</b> , to <b>5 Feb 1949</b> , that I last saw the deceased alive on <b>2/3</b> , 1949, and that death occurred at <b>8:29</b> p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Donald E Eggleston MD</b>				23b. ADDRESS <b>Macon, Missouri</b>		23c. DATE SIGNED <b>14 Feb 49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2/3/1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt Zion</b>		24d. LOCATION (City, town, or county) (State) <b>Macon Co., Mo.</b>			
DATE REC'D BY LOCAL REG. <b>3-10-49</b>		REGISTRAR'S SIGNATURE <b>269</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert Hummel Macon Mo</b>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.

Signed.....  
Student Embalmer

26-8

Signed Albert Skinner

Licensed Embalmer No. 757

P. O. Address Maan M C

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 this body is not embalmed, fact should be so stated above.