

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36175  
State File No. \_\_\_\_\_

FILED DEC 1 1949

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>328</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (In this place) <u>37 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		3 2 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>824 E. Scott St.</u>				d. STREET ADDRESS (If rural, give location) <u>824 E. Scott</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u>			b. (Middle) <u>LAVADA</u>		c. (Last) <u>MOCK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 19, 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 6, 1864</u>		9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>13</u>	IF UNDER 12 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home Making</u>		11. BIRTHPLACE (State or foreign country) <u>Marietta, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thornton Bright</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Ann Bone</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Mock</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Zora Mock, 824 E. Scott, Kirksville, Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Glomerulonephritis</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Complications of advanced age.</u> DUE TO (c) <u>Marked arteriosclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>  <u>10 years</u> <u>45:30</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 <u>April 20, 1949</u> , to <u>November 19, 1949</u> , that I last saw the deceased alive on <u>Nov. 18, 1949</u> , and that death occurred at <u>3 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Howard E. Gross, D.O.</u>				23b. ADDRESS <u>Kirksville, Mo.</u>		23c. DATE SIGNED <u>11-21-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-21-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park Cemet.</u>		24d. LOCATION (City, town, or county) (State) <u>Kirksville, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>11-21-49</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Davis Funeral Home</u>		ADDRESS <u>Kirksville, Mo.</u>	

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

RECEIVED NOV 28 1948  
District Health Officer No. 10  
District File Number 11-055-2-68  
NOV 28 1948

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, ~~and~~ \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Clarence M. Billo*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4375

P. O. Address Kirksville, Md.

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.