

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**FILED DEC 1 1949**

State File No. **37876**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **183** PRIMARY REG. DIST. NO. **4297** Registrar's No. **29**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>Linn</b>	b. CITY (If outside corporate limits, write RURAL and give township) <b>Burdin</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Linn</b>
c. LENGTH OF STAY (in this place) <b>4 yrs</b>	d. FULL NAME OF HOSPITAL OR INSTITUTION <b>f</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Burdin</b>	d. STREET ADDRESS (If rural, give location) <b>none</b>

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>Joseph</b>	b. (Middle) <b>S.</b>	c. (Last) <b>Schrock</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year)
				<b>Nov. 18 1949</b>

<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Jan 14, 1864</b>	<b>9. AGE</b> (In years last birthday) <b>85</b>	<b>10. MONTHS</b> <b>10</b>	<b>11. DAYS</b> <b>4</b>	<b>12. HOURS</b>	<b>13. MIN.</b>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during year of working life, even if retired) <b>Farmer</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Agriculture</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>Joseph Schrock</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Gilmer</b>	<b>14. NAME OF HUSBAND OR WIFE</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> (If you, give war or dates of service) <b>none</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>H.L. Schrock</b>	<b>ADDRESS</b> <b>Crowning Mo.</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>1 1/2 days</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Prostatocystitis</b>		
	<b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Senility</b>  DUE TO (c) <b>Prostatic Hypertrophy</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis</b>		<b>19. INTERVAL BETWEEN ONSET AND DEATH</b> <b>10X</b>	

<b>19a. DATE OF OPERATION</b> <b>NONE</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>NONE</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <b>Neither</b>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>NONE</b>	<b>21c. CITY, TOWN, OR TOWNSHIP</b> <b>Burdin</b>	<b>(COUNTY)</b> <b>Linn</b>	<b>(STATE)</b> <b>MO</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <b>NONE</b>	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>NONE</b>		

**22. I hereby certify that I attended the deceased from Nov, 6, 1949, to Nov, 18, 1949, that I last saw the deceased alive on Nov, 18, 1949, and that death occurred at 2 P. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>E.B. Cassidy</b>	<b>(Degree or title)</b> <b>D.O.</b>	<b>23b. ADDRESS</b> <b>Burdin, MO.</b>	<b>23c. DATE SIGNED</b> <b>Nov. 19, 1949.</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>11-19-49</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>American Falls Idaho</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>11-23-49</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Elva Crookbanks</b>	<b>1166</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Brothers Funeral Home, Linn, Mo.</b>	<b>ADDRESS</b>
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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.

Student .....  
Student Embalmer

Signed W R Wright

Licensed Embalmer No. 4655

P. O. Address Laclede, 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 this body is not embalmed, fact should be so stated above.