

FILED JUL 29 1950

STANDARD CERTIFICATE OF DEATH

State File No. 23652  
3033

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY JACKSON  
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY  
c. LENGTH OF STAY (in this place) 7 YEARS  
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE MISSOURI b. COUNTY JACKSON  
c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY  
d. STREET ADDRESS 1027 EAST 9TH STREET

3. NAME OF DECEASED  
a. (First) ROLLA b. (Middle) DAYTON c. (Last) ROCK

4. DATE OF DEATH (Month) (Day) (Year)  
JULY 7-1950

5. SEX MALE  
6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
MARRIED

8. DATE OF BIRTH  
JUNE 8-1897

9. AGE (In years last birthday) 53 YEARS

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
ASSI. SECY + COMPTROLLER

10b. KIND OF BUSINESS OR INDUSTRY  
GATE CITY OPTICAL CO

11. BIRTHPLACE (State or foreign country)  
WELLSVILLE KANSAS

12. CITIZEN OF WHAT COUNTRY?  
U.S.A

13a. FATHER'S NAME  
THOMAS BENTON ROCK

13b. MOTHER'S MAIDEN NAME  
ORA BELLE DYE

14. NAME OF HUSBAND OR WIFE  
MRS. ANNIE M. ROCK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.  
363-05-9761

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
MRS. ANNIE M. ROCK 1027 EAST 9TH ST KANSAS CITY MO

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Myocardial Infarction - mural thrombus  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Coronary arteriosclerosis & thrombosis  
DUE TO (c) Thrombosis  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
acute  
10 yrs.  
4201

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO

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)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6, 1950, to July 7, 1950, that I last saw the deceased alive on July 2, 1950, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE Arnold V. Arms MD (Degree or title)

23b. ADDRESS 411 Adams Road City, Mo

23c. DATE SIGNED 7-8-50

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE JULY 11-1950

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State) EDGERTON KANSAS

DATE REC'D BY LOCAL REG. 7-11-50 REGISTRAR'S SIGNATURE Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS O.W. Newcomer Sons 1331 BRUSH CREEK KANSAS CITY, MO

(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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *John C. Fraking*  
Licensed Embalmer No. *4483*

P. O. Address *Kansas City, 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.