

FILED SEP 27 1950

STANDARD CERTIFICATE OF DEATH

State File No. 30248

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4233 Registrar's No. 4

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>IRON</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE<br><b>MISSOURI</b><br>b. COUNTY<br><b>GASCONADE</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN<br><b>ARCADIA MO</b> |  | c. LENGTH OF STAY (In this place)<br><b>ONE DAY</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN<br><b>ROSEBUD MO GEN. DEL 0393</b>                                    |  |
|  |  | d. STREET ADDRESS (If rural, give location)<br><b>1</b>   |  |

|   |                                  |   |   |   |                                       |
|---|----------------------------------|---|---|---|---------------------------------------|
| 3. NAME OF DECEASED<br>(Type or Print)  |                                  |   | 4. DATE OF DEATH  |   |                                       |
| a. (First)<br><b>JRANNINE</b>   | b. (Middle)<br><b>MARYLIN</b>    | c. (Last)<br><b>BOCK</b>  | (Month)<br><b>MAY</b>   | (Day)<br><b>6th</b>                           | (Year)<br><b>1950</b>                 |
| 5. SEX<br><b>FEMALE</b>   | 6. COLOR OR RACE<br><b>WHITE</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>SINGLE</b> | 8. DATE OF BIRTH<br><b>1/11/1933</b>                          | 9. AGE (In years last birthday)               | IF UNDER 1 YEAR<br>Months<br><b>3</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>SCHOOL GIRL</b>                 | 11. BIRTHPLACE (State or foreign country)<br><b>HERMAN MO</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |                                       |

|   |   |   |
|---|---|---|
| 13a. FATHER'S NAME<br><b>HENRY A. BOCK</b>                                      | 13b. MOTHER'S MAIDEN NAME<br><b>DORA ROETHEMYER</b> | 14. NAME OF HUSBAND OR WIFE<br><b>SINGLE</b>                      |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y, N, no. or unknown)<br><b>NO</b> | 16. SOCIAL SECURITY NO.<br><b>NONE</b>              | 17. INFORMANT'S SIGNATURE OR NAME<br><b>HENRY BOCK ROSEBUD MO</b> |

|  |   |  |  |
|--|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><b>8850</b><br><br><b>42</b> |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*<br><b>BY ACCIDENTAL DROWNING</b>   |  |  |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |   |  |  |

|   |   |   |
|---|---|---|
| 19a. DATE OF OPERATION                                      | 19b. MAJOR FINDINGS OF OPERATION<br><b>047</b>  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><b>ACCIDENT</b> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>LAKE</b>           | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><b>ARCADIA IRON MO</b>           |
| 21d. TIME OF INJURY<br><b>MAY 6th 50 2-PM</b>               | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR?<br><b>FELL FROM BOAT WHILE ON OUTING</b>                 |

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|  |  |   |  |
|--|--|---|--|
| 23a. SIGNATURE<br><i>E. H. Howell</i>                      | (Degree or title)<br><b>3 CORONER</b>          | 23b. ADDRESS<br><b>IRONTON MISSOURI</b>                           | 23c. DATE SIGNED<br><b>5/6/50</b>                                  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b> | 24b. DATE<br><b>5/9/50</b>                     | 24c. NAME OF CEMETERY OR CREMATORY<br><b>EVANGELICAL REFORMED</b> | 24d. LOCATION (City, town, or county) (State)<br><b>ROSEBUD MO</b> |
| DATE REC'D BY LOCAL REG.<br><b>May 8, 1950</b>             | REGISTRAR'S SIGNATURE<br><i>Miss Ann Jones</i> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>GOTTENSTROTTER</b>         | ADDRESS<br><b>OWENSVILLE MO.</b>                                   |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

**STATEMENT BY LICENSED EMBALMER**

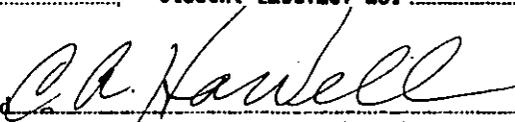
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

**C.A. Howell**

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

working under my personal supervision.

Signed \_\_\_\_\_



Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. **3670**

P. O. Address **IRONTON, 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.**