

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41591

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 122

732  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u> 0732 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1109 MAIN Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>1109 MAIN Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>P</u>	b. (Middle) <u>D</u>	c. (Last) <u>Brock</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 30 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Dec. 24 1892</u>	9. AGE (In years last birthday) <u>57</u> If under 1 year: Months <u>11</u> Days <u>6</u> If under 6 mos. Hours <u>—</u> Min. <u>—</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister &amp; Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Minister</u>	11. BIRTHPLACE (State or foreign country) <u>NEAR DENTON TEXAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>Dora Brock</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dora Brock</u> ADDRESS <u>Neosho</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis with Hypertension 52 yrs</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>3.31X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov 29, 1950, to Nov 30, 1950, that I last saw the deceased alive on Nov 29, 1950, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harold C. Hunt, M.D.</u>	23b. ADDRESS <u>Neosho, Mo.</u>	23c. DATE SIGNED <u>Dec 6 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Dec. 2, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FRANK'S CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>FRANK'S MO.</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 6, 1950</u>	REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u> 223	25. FUNERAL DIRECTOR'S SIGNATURE <u>ELMER BIGHART</u> ADDRESS <u>Neosho Mo</u>
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**RECEIVED**

District Health Officer No. Newton Co. Health Dept.  
District File Number 1250-268  
Date Filed 12/13/50

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**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 \_\_\_\_\_

Licensed Embalmer No. 4240

P. O. Address Neosho, 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.