

No. 300  
10. 48

FILED JAN 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 106

BIRTH NO. REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5096 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Bates</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Butler</u>		c. LENGTH OF STAY (In this place) <u>6 months</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Butler</u> <u>0470</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pine Tree Rest Home</u>			d. STREET ADDRESS (If rural, give location) <u>Pine Tree Rest Home</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u> b. (Middle) <u>C.</u> c. (Last) <u>Brock</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 16, 1951</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>April 23, 1873</u>	9. AGE (In years last birthday) <u>77</u>	10. UNDER 1 YEAR Months <u>8</u> Days <u>23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Brock</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Stevens</u>	
14. NAME OF HUSBAND OR WIFE <u>Unknown - Divorced</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>Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Joe Brock</u>		18. ADDRESS <u>Wichita, Kans.</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>Bronchial pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 Aug 26, 1950 to Jan 16, 1951, that I last saw the deceased alive on Jan 14, 1951, and that death occurred at 3:10 p. m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. A. Luther, M.D.</u>		23b. ADDRESS <u>Butler, Mo.</u>		23c. DATE SIGNED <u>1-18-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Jan. 18, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Star Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Foster, Missouri</u>					

DATE REC'D BY LOCAL REG. <u>Jan. 18-51</u>		REGISTRAR'S SIGNATURE <u>Rendall Vray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Culver-Tenderwood</u>	
				ADDRESS <u>Butler, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0704

**RECEIVED** 1-22-51  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 1-22-51

**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 Bruce T. Hill

Signed.....  
Student Embalmer

Licensed Embalmer No. 4743

P. O. Address Butler, Mass

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.