

700

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

BIRTH NO.		REG. DIST. NO. 225	PRIMARY REG. DIST. NO. 5808	Registrar's No. 16
1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: Evidence before admission) a. STATE Missouri b. COUNTY Montgomery		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN High Hill (Rural)		c. LENGTH OF STAY (in this place) 11 Yrs		
d. FULL NAME OF HOSPITAL OR INSTITUTION: Farm Home,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN High Hill (Rural) 0700		
d. STREET ADDRESS (If rural, give location) Bearcreek Township				
3. NAME OF DECEASED (Type or Print) Velma Martha Stock		a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH June 7 1951		4. DATE OF DEATH (Month) (Day) (Year)		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 23 1904	9. AGE (In years last birthday) 46
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY General duties		11. BIRTHPLACE (State or foreign country) Warren Co Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME William E. Knapheide		13b. MOTHER'S MAIDEN NAME Emma Hackman		14. NAME OF HUSBAND OR WIFE Bruno W. Stock High Hill
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. None		17. INFORMANT'S SIGNATURE OR NAME Bruno W. Stock High Hill Mo.
17. ADDRESS				
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) TRAUMATIC INJURIES TO SKULL ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) GUN SHOT WOUND DUE TO (c) SUICIDE II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E 976X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) SUICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) FARM HOME		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) High Hill - Bearcreek - Montgomery MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) JUNE 7 1951 9 A.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Self inflicted
22. I hereby certify that I attended the deceased from 7 JUNE 1951 , to 7 JUNE 1951 , that I last saw the deceased alive on 7 JUNE 1951 , and that death occurred at 9 A.M. , from the causes and on the date stated above.				
23a. SIGNATURE Clement W. Linnert, DDS, Coroner		23b. ADDRESS Montgomery City, Mo.		23c. DATE SIGNED 7 June 51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-10-1951		24c. NAME OF CEMETERY OR CREMATORY St. Pauls Evangelical
24d. LOCATION (City, town, or county) (State) Marthasville Mo.				
DATE REC'D BY LOCAL REG. June 11-51		REGISTRAR'S SIGNATURE Mrs. May Miller		25. FUNERAL DIRECTOR'S SIGNATURE Clair A. Jones
				ADDRESS Bellflower Mo

File No. _____
DISTRICT HEALTH OFFICE No. 4

JUN 16 1951

RECEIVED

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Oland A Jones

Licensed Embalmer No. *2978*

P. O. Address *Bellflower 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.