

STANDARD CERTIFICATE OF DEATH

REG. DIST. NO. 359 PRIMARY REG. DIST. NO. 4526

State File No. **32341**
Registrar's No. 16

FILED SEP 26 1951

No. 300
10.48

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Vernon</u>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sheldon R.R. #2</u>	a. STATE <u>Mo.</u>	b. COUNTY <u>Vernon</u>
c. LENGTH OF STAY (in this place) <u>4 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sheldon R.R. #2 1080</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WALTER</u>	b. (Middle) <u>RAY</u>	c. (Last) <u>BROCK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 81 31 1951</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>June 14-1989</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Shelby Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>George W.</u>	13b. MOTHER'S MAIDEN NAME <u>Libbie E.</u>	14. NAME OF HUSBAND OR WIFE <u>Ilda May Brock</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None Known</u>	17. INFORMANT'S SIGNATURE OR NAME <u>None Known</u>	ADDRESS
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Leukemia</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 <u>2044</u>	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) (m.)	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 7/14, 1951, to 8/31, 1951, that I last saw the deceased alive on Aug 30, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. Kratz</u>	(Degree or title) <u>Do 2 Nevada Mo</u>	23b. ADDRESS <u>None</u>	23c. DATE SIGNED <u>9/4/51</u>
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24a. BURIAL, CREMATION, REMOVAL	24b. DATE <u>9/2/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Leow Cemetery Leow</u>	24d. LOCATION (City, town, or county) (State) <u>None</u>
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DATE RECD BY LOCAL REG <u>Sept 10 1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ruth Heath</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Becky J. Hume</u>	ADDRESS <u>Home Sheldon</u>
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED SEP 17 1951

Dist. File 937-1624
Date Filed 9-15-51

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed L. Gerald Beery

Licensed Embalmer No. 4263

P. O. Address Sheldon 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.