

FILED JAN 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40802

State File No. 113 V 6 114
REGISTRAR'S No. 11542

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler 0134</u>			2. USUAL RESIDENCE (Where deceased lived, if institution, residence before death) a. STATE <u>Mo</u> COUNTY <u>Shannon</u>		
b. CITY OR TOWN <u>Doplar Bluff</u>		c. LENGTH OF STAY (in this place) <u>11 1/2 hrs</u>	c. CITY OR TOWN <u>Winona</u>		d. STREET ADDRESS (If rural, give location) <u>107</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doplar Bluff Hospital</u>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) <u>LULA L AVERNE BOCKMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 - 21 - 51</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>7-23-1914</u>	9. AGE (In years last birthday) <u>37</u>	10. UNDER 1 YEAR (Months) (Days) <u>4 28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Shannon Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Gofarth</u>		13b. MOTHER'S MAIDEN NAME <u>Cynthia Shepp</u>	14. NAME OF HUSBAND OR WIFE <u>Ray E Bockman</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ray E Bockman Winona, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>	II. OTHER SIGNIFICANT CONDITIONS				
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES				
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
	DUE TO (b) <u>Hypertensive Heart Disease</u>				
	DUE TO (c)				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 <u>12-20</u> , 19 <u>51</u> , to <u>12-21</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12-21</u> , 19 <u>51</u> , and that death occurred at <u>12:45 A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Frank E. Daniels, M.D.</u>		23b. ADDRESS <u>Doplar Bluff, Mo</u>		23c. DATE SIGNED <u>12-26-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-23-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Winona Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Winona Mo</u>		
DATE REC'D BY LOCAL REG. <u>Dec 27 1951</u>	REGISTRAR'S SIGNATURE <u>Wm H Johnson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Shepp's</u>	ADDRESS <u>Jeuchel Doplar Bluff Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JAN 8 1952

BUTLER CO. HEALTH CENTER

FILE No. ~~JAN 9 1952~~ 152-7

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 12-21-5

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Phil A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Poplar Bluff, 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.