

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5804

FILED FEB 19 1952

BIRTH NO. _____ REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 5797 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Moniteau			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Moniteau		
b. CITY (If outside corporate limits, write RURAL and give township) Fortuna		c. LENGTH OF STAY (in this place) Lifetime	c. CITY (If outside corporate limits, write RURAL and give township) Fortuna		0680
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) 0		
3. NAME OF DECEASED (Type or Print)		a. (First) John	b. (Middle) Bridgis	c. (Last) Mock	4. DATE OF DEATH (Month) (Day) (Year) Feb. 12 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 9-1868	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days Hours 10 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Morgan County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Mock		13b. MOTHER'S MAIDEN NAME Nancy E. Ivy	14. NAME OF HUSBAND OR WIFE Modlieh Fowler		
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 ADDRESS Mrs John Mock - Fortuna, Missouri			
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) Uremia				INTERVAL BETWEEN ONSET AND DEATH 2 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephrosclerosis				2 yrs.
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia				1 week.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 446X				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 July , 19 50 , to Feb. 12 , 19 52 that I last saw the deceased alive on Feb. 10 , 19 52 and that death occurred at 5:30 p.m., from the causes and on the date stated above.					
23a. SIGNATURE Jack Gunn MD		23b. ADDRESS Versailles, Mo		23c. DATE SIGNED 2-13-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-14-52	24c. NAME OF CEMETERY OR CREMATORY Mt Carmel	24d. LOCATION (City, town, or county) (State) Morgan County, Missouri		
DATE REC'D BY LOCAL REG. 2-15-1952	REGISTRAR'S SIGNATURE Mrs. Maude Hudson	203-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. S. Korbuhl Versailles Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Gene J. Sartorius

Licensed Embalmer No. 4021

P. O. Address VERSAILLES, 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.