

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13540

State File No.

APR 30 1952

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

BIRTH NO. _____		REG. DIST. NO. <u>200</u>		PRIMARY REG. DIST. NO. <u>3041</u>		Registrar's No. <u>46</u>	
1. PLACE OF DEATH a. COUNTY <u>Macon.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, write RURAL, and give township) <u>Macon</u>		c. LENGTH OF STAY (In this place) <u>1 Hr</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jacksonville</u>		d. STREET ADDRESS (If rural, give location) <u>Jacksonville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Samaritan Hospital</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eunice</u> b. (Middle) <u>Ford</u> c. (Last) <u>Brock</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 8 1952</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single, U</u>		8. DATE OF BIRTH <u>Apr. 24, 1880</u>	
9. AGE (In years last birthday) <u>71</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper.</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>C.K. Brock</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine McCanne</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bessie Brock</u>		ADDRESS <u>Jacksonville</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>Acute Left Ventricular Failure</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Two hrs</u>	
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) _____		4342	
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 <u>Apr 7 1952</u> to <u>Apr 7 1952</u> , that I last saw the deceased alive on <u>Apr 7, 1952</u> , and that death occurred at <u>12:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Howard Miller M.D.</u> (Degree or title)				23b. ADDRESS <u>Macon</u>		23c. DATE SIGNED <u>4/8/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr 10, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Salem</u>		24d. LOCATION (City, town, or county) (State) <u>Excelsa Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4/21/52</u>		REGISTRAR'S SIGNATURE <u>Smith McNeely</u>		185		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stephens Bonding</u> ADDRESS <u>Macon, Mo.</u>	

OCT 28 1980

RECEIVED
BRADY COUNTY HEALTH DEPARTMENT
4.29.86
4.29.86

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 *Charles L. Nettou*

Licensed Embalmer No. *4877*

P. O. Address *Macon, 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.