

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18934**

BIRTH NO. **FILED JUN 1-1953** REG. DIST. NO. **276** PRIMARY REG. DIST. NO. **4410** Registrar's No. **32**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James, Mo. 1870	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Soldiers Home Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Adolph	b. (Middle) Elmer	c. (Last) Mock	4. DATE OF DEATH (Month) (Day) (Year)
				May 22 1953

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 10, 1896	9. AGE (In years) (Month) (Day) 57 0 12	10. IF UNDER 1 YEAR (Specify) 0	11. IF UNDER 1 YEAR (Specify) 12	12. IF UNDER 1 YEAR (Specify) 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Arkansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Mock	13b. MOTHER'S MAIDEN NAME Mary Crosent	14. NAME OF HUSBAND OR WIFE Abbie Mock
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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) Yes World War I	16. SOCIAL SECURITY NO. 499 07 9154	17. INFORMANT'S SIGNATURE OR NAME Abbie Mock, St. James, Missouri	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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma Colon		INTERVAL BETWEEN ONSET AND DEATH one year
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastasis Liver		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 153X			

19a. DATE OF OPERATION Sept. 1952	19b. MAJOR FINDINGS OF OPERATION adenocarcinoma descending colon	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	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 **Oct 2, 1953** to **May 22, 1953**, that I last saw the deceased alive on **May 22, 1953**, and that death occurred at **10:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Hans D. Burtch MD	23b. ADDRESS St. James, Mo	23c. DATE SIGNED 5/23/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 25 1953	24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	24d. LOCATION (City, town, or county) (State) St. James, Mo
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DATE REC'D BY LOCAL REG. 5-25-53	REGISTRAR'S SIGNATURE Ruth B. Powell 479	25. FUNERAL DIRECTOR'S SIGNATURE C. Jesse Gahr, St. James, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 16 1961

JUN 3 1953

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 *C. Jesse Gahr*

Licensed Embalmer No. 4486

P. O. Address St. James, Missouri

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.