

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED **DEC 1 - 1953**  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **170**

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Moundville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moundville</b>	
c. LENGTH OF STAY (in this place) <b>42 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>Moundville, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Nevada City Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Freda</b>	b. (Middle) <b>L.</b>	c. (Last) <b>Brock</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>II/22/53</b>
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Oct 8, 1890</b>	9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Days <b>14</b>	IF UNDER 24 HRS. Hours <b>14</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>ownhome</b>	11. BIRTHPLACE (State or foreign country) <b>Moundville, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Jacob Zilliox</b>	13b. MOTHER'S MAIDEN NAME <b>Ellen Smith</b>	14. NAME OF HUSBAND OR WIFE <b>David T. Brock</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>David T. Brock, Moundville, Mo.</b>	ADDRESS <b>Mo.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute myocardial infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 hrs</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerotic heart disease</b>		
	DUE TO (c) <b>Myocardial infarction Dec 1952</b>		
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	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) <b>4200</b>
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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?
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22. I hereby certify that I attended the deceased from **Oct 1952**, to **Nov 22, 1953** that I last saw the deceased alive on **Nov 22, 1953**, and that death occurred at **1:35 P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Lamine P. Brock MD</b> (Degree or title)	23b. ADDRESS <b>Nevada, Mo</b>	23c. DATE SIGNED <b>11-23-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>11/25/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Neeter Burial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Nevada, Mo</b>
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DATE REC'D BY LOCAL REG. <b>11-28-53</b>	REGISTRAR'S SIGNATURE <b>Arma E. Ferry</b>	FUNERAL DIRECTOR'S SIGNATURE <b>W. C. Buehler</b>	ADDRESS <b>Fern Home Nevada, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

1082  
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**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 Romy F. Milster  
Licensed Embalmer No. 31805

P. O. Address Yevade, 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.