

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 25 1954

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4321 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mound City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Corning</u>	
c. LENGTH OF STAY (in this place) <u>6 days</u>		d. STREET ADDRESS (If rural, give location) <u>0440</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mound City Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Marie</u> b. (Middle) <u>Sophia Dorothea</u> c. (Last) <u>Bock</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 20, 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		8. DATE OF BIRTH <u>Jan. 19, 1874</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		9. AGE (In last birthday) <u>80</u>		9. AGE (In last birthday) IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 MIN. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>In the home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Corning, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>John Ahrens</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Walters</u>		14. NAME OF HUSBAND OR WIFE <u>Robert Bock</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. W. M. Scheiding - Corning, 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>Diabetes Melitus</u>					<u>10475</u>
*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			
		DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardio-vascular disease</u>			<u>2475</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>260X</u>		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 June, 1950, to Jan 20, 1954, that I last saw the deceased alive on Jan 20, 1954, and that death occurred at 3:15 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. Bruce McRae D.O.</u>		23b. ADDRESS <u>Mound City</u>		23c. DATE SIGNED <u>1/20/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial + removal</u>		24b. DATE <u>Jan 23, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hunter's Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Near Rock Port, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilbur L. Schooley</u>		ADDRESS <u>Craig, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-22-54</u>		REGISTRAR'S SIGNATURE <u>JAMES H. Crawford</u>			

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 _____

myself

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Wilbur L. Scholes

Licensed Embalmer No.

3997

P. O. Address

Craig, 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.