

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1227**  
**74**

FILED **JAN 27 1954**  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>3433 Euclid</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>GUY</b> b. (Middle) <b>E.</b> c. (Last) <b>BROCK</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1 6 54</b>	
5. SEX <b>Ma</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>12-29-1880</b>
9. AGE (In years less birthday) <b>73</b>		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of year. If retired) <b>ret. painter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>XX</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Ridgeway, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Charles W. Brock</b>	
13b. MOTHER'S MAIDEN NAME <b>Anne Hammitt</b>		14. NAME OF HUSBAND OR WIFE <b>Carrie R. Brock</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>491-10-2640</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>A E.M. VanArsdale, 2405 Pence KC No.</b>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Prostate</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  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 <b>Carcinoma of Prostate</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <b>11-17</b> , 1952, to <b>Jan 6</b> , 1954, that I last saw the deceased alive on <b>Jan 6</b> , 1954, and that death occurred at <b>2:45 P.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>T. E. Mc Millan</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>1019 Piny. Bldg. Kansas City, Mo.</b>	23c. DATE SIGNED <b>1/17/54</b>
24a. BURIAL CREMATION (Specify) <b>Burial</b>	24b. DATE <b>1-9-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Foster Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>New Hampton, Mo.</b>
DATE REC'D BY LOCAL REG. <b>1-7-54</b>	REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J.W. Wagner</b>	ADDRESS <b>16 E. Mo.</b>

(Licensed Embalmer's Seal - Sent on Reverse Side)

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

No. 300  
10-48

H  
A  
4000

**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.....  
Signature of Student Embalmer

Signed *Alvin R. Hansen*.....

Licensed Embalmer No. *41*.....

P. O. Address *K.E.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.