

MAR 22 1954

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9829

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BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6069 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <b>ST. FRANCIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. FRANCIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL IRON TWP.</b>		c. CITY OR TOWN <b>BISMARCK</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>R-1 BISMARCK</b>		e. STREET ADDRESS (If rural, give location) <b>R-1 BISMARCK</b> 0940	

3. NAME OF DECEASED (Type or Print) a. (First) <b>LETTIE</b> b. (Middle) <b>JANE</b> c. (Last) <b>BOCKENKAMP</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 16, 1954</b>		
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>JUNE 7, 1882</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Month <b>9</b> Days <b>9</b>
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>✓</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>SPROTT Mo 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>SOLOMON MACKLEY</b>		13b. MOTHER'S MAIDEN NAME <b>LUCINDA PINKSTON</b>		14. NAME OF HUSBAND OR WIFE <b>FRANK BOCKENKAMP</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>FRANK BOCKENKAMP R-1 BISMARCK Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral vascular accident</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Arteriosclerosis</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 <b>331X</b>		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 3-12, 1954, to 3-16, 1954, that I last saw the deceased alive on 3-16, 1954, and that death occurred at 3:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Maude J. Getty, No. 2</b>		23b. ADDRESS <b>Bismarck, Mo.</b>		23c. DATE SIGNED <b>3-18-54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MARCH 19, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>PARKVIEW</b>		24d. LOCATION (City, town, or county) (State) <b>FARMINGTON Mo</b>	
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DATE REC'D BY LOCAL REG. <b>Mar. 18, 1954</b>		REGISTRAR'S SIGNATURE <b>Catherine Rudloff</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Benjamin G. Ballew</b>		ADDRESS <b>Gene, Mo</b>	
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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *E. J. Raymond*.....

Licensed Embalmer No. *370*.....

P. O. Address *Bennettsville*.....

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.

*01/11/11*