

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

State File No. **18811**

Registrar's No. **2589**

No. 300  
10-48

FILED JUL 12 1954

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2589</u>					
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>							
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>30 yrs</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital # 2</u>				e. STREET ADDRESS (If rural, give location) <u>2440 Tracy</u> <span style="float:right">341 3/4</span>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>			b. (Middle) <u>Robert</u>		c. (Last) <u>Brock</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>5</u> (Year) <u>1954</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 12, 1899</u>		9. AGE (In years last birthday) <u>55</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Concrete Pipes</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Van Buren, Arkansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>George Brock</u>			13b. MOTHER'S MAIDEN NAME <u>Susie Westfield</u>			14. NAME OF HUSBAND OR WIFE <u>Lillie Mae Brock</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-10-1254</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lillian Brock</u> ADDRESS <u>2440 Tracy</u>							
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)				<b>MEDICAL CERTIFICATION</b>				INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Cirrhosis of liver</u>  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic alcoholism</u>  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						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) (Min)		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 <u>6-4-1954</u> , to <u>6-5-1954</u> , that I last saw the deceased alive on <u>6-5-1954</u> , and that death occurred at <u>3:35 A.M.</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>E. Frank Ellis MD</u> (Degree or title) <u>D</u>				23b. ADDRESS <u>600 E. 22nd St.</u>			23c. DATE SIGNED <u>6-7-54</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/10/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>					
DATE REC'D BY LOCAL REG. <u>6-9-54</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Bros. 18th &amp; Benton</u> ADDRESS _____						

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed *Bruce R. Watkins*.....

Licensed Embalmer No. *450*

P. O. Address *18<sup>th</sup> & Bee*

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.