FILED JUL 29 1954

STANDARD CERTIFICATE OF DEATH

State File No. 23718

BIRTH NO. REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Charleston
c. LENGTH OF STAY (In this place): 35 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence, 105 Deal St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Mississippi
c. CITY OR TOWN: Charleston
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 105 Deal St. 0642

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Franklin
c. (Last): Brock

4. DATE OF DEATH (Month) (Day) (Year): Feb. 24, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March, 25, 1894
9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grader Operator
10b. KIND OF BUSINESS OR INDUSTRY: Mo. State Highway
11. BIRTHPLACE (City and State or Foreign Country): Libertyville, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Mary Pendergast
14. NAME OF HUSBAND OR WIFE: Della Brock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 490-18-2759
17. INFORMANT'S SIGNATURE OR NAME: Mrs Della Brock, Charleston, Mo.
ADDRESS

MEDICAL CERTIFICATION

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) Pulmonary Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 5 mo.

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. 163X

19a. DATE OF OPERATION: 2/1/54
19b. MAJOR FINDINGS OF OPERATION: Pulmonary Carcinoma
20. AUTOPSY? YES [ ] NO [X]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1953 *to* Feb 24, 1954 *that I last saw the deceased alive on* 2/24, 1954, *and that death occurred at* 5:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): J. P. Fenton D.O.
23b. ADDRESS: Wyatt Mo
23c. DATE SIGNED: 2/26/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/26/54
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State): Charleston, Mo.

DATE REC'D BY LOCAL REG.: 7-1-54
REGISTRAR'S SIGNATURE: Jean Hearnes
25. FUNERAL DIRECTOR'S SIGNATURE: Robert L. Summerlee
ADDRESS: The Summerlee Funeral Chapel, Charleston, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 24

RECEIVED
Miss. Co. Health
County File No.___
Date Filed JUL 27

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edward E. [illegible]

Licensed Embalmer No. 416

P. O. Address Charlesto

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.