

FILED OCT 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34515

BIRTH NO. _____ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 5675 Registrar's No. 35

0570

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

1. PLACE OF DEATH a. COUNTY LINCOLN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LINCOLN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Hurricane		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - HURRICANE	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 3 miles S.E. of ELSBERRY	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 mile S.E. of ELSBERRY			

3. NAME OF DECEASED (Type or Print) a. (First) IDA	b. (Middle) ELIZABETH	c. (Last) MOCK	4. DATE OF DEATH (Month) (Day) (Year) OCT. 11, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH SEPT. 27, 1869	9. AGE (In years last birthday) 85	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work	11. BIRTHPLACE (State or foreign country) KENTUCKY	12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME JOHN A. BRATTON	13b. MOTHER'S MAIDEN NAME REBECCA KABLER	14. NAME OF HUSBAND OR WIFE Robt P. Mock
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ANN BEAUCHAMP- ELSBERRY, Mo.	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 days
	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 332X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 1950, to Oct 11, 1954, that I last saw the deceased alive on Oct 1, 1954, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) mal	23b. ADDRESS Elsherry mo	23c. DATE SIGNED 10/12/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10-14-54	24c. NAME OF CEMETERY OR CREMATORIUM DRESDEN	24d. LOCATION (City, town, or county) (State) SEDALIA, Mo.
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DATE REC'D BY LOCAL REG. 10/28/54	REGISTRAR'S SIGNATURE [Signature]	FEDERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Elsherry, Mo.
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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
Student Embalmer

Signed *G. G. Gaudinich*.....

Licensed Embalmer No. 4017.....

P. O. Address Edsberry, 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.