

FILED FEB 14 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 190

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 123

1. PLACE OF DEATH a. COUNTY Buchanan <i>01172</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Buchanan							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 6yrs 9mos 26days		c. CITY OR TOWN Industrial City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #2				STREET ADDRESS (If rural, give location) <i>01101</i>							
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) D. c. (Last) BLOCK			4. DATE OF DEATH FEBRUARY 1, 1955 (Month) (Day) (Year)								
5. SEX male <input type="radio"/>		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married <input checked="" type="checkbox"/>		8. DATE OF BIRTH May 28, 1880					
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (City and State or Foreign Country) Hillsboro, Kansas /		12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME David Block			13b. MOTHER'S MAIDEN NAME Katherine Kunkel			14. NAME OF HUSBAND OR WIFE Mary B. Block					
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. not given		17. INFORMANT'S SIGNATURE OR NAME H. E. Ward, 2920 No. 8th St., St. Jos., Mo.			ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)								MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tuberculosis										a few mos.	
*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)			
								DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS								Psychosis		6 yrs +	
Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <i>002X</i>					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) m.			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 Feb 1, 1955, to Feb 1, 1955, that I last saw the deceased alive on Feb 1, 1955, and that death occurred at 7:45P m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <i>O.E. Cassius M.D.</i>					23b. ADDRESS State Hospital #2, St. Joseph, Mo.			23c. DATE SIGNED Feb 1, 1955			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb 7, 1955		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Kirksville, Missouri					
DATE REC'D BY LOCAL REG. Feb 7, 1955		REGISTRAR'S SIGNATURE <i>Ethel M. Allison</i> <i>485-0</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Barry Funeral Home, St. Joseph</i>						

(Licensed Embalmer's Statement on Reverse Side)

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 *Victor J. B...*

Licensed Embalmer No. *42*

P. O. Address *S. T. ...*

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.