

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8117**
1133

FILED APR 4 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) Kansas City c. LENGTH OF STAY (in this place) 4 years

c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Lakeside Hospital

e. STREET ADDRESS (If rural, give location) 2940 Chelsea 835th

3. NAME OF DECEASED
a. (First) Winnifred K. b. (Middle) _____ c. (Last) Brock

4. DATE OF DEATH (Month) (Day) (Year) 3-13-55

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH June 6, 1892

9. AGE (In years last birthday) 62
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) Dress maker

10b. KIND OF BUSINESS OR INDUSTRY Dressmaking

11. BIRTHPLACE (Country) Pleasanton, Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Guyon

13b. MOTHER'S MAIDEN NAME Estella Kile

14. NAME OF HUSBAND OR WIFE Charles A 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. 511-14-4462

17. INFORMANT'S SIGNATURE OR NAME Charles A Brock ADDRESS 2940 Chelsea

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Rupture myocardium (anterior)
ANTECEDENT CAUSES
DUE TO (b) Coronary occlusion (anterior) 7 day
DUE TO (c) Arteriosclerosis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
3
4201

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/6/55, 1955, to 3/13/55, that I last saw the deceased alive on 3/13/55, 1955 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Richard C. Shock (Degree or title) Dr

23b. ADDRESS 11000 1/2 N. Merriam Ind.

23c. DATE SIGNED 3/14/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremial

24b. DATE 3/15/55

24c. NAME OF CEMETERY OR CREMATORY Memorial Park

24d. LOCATION (City, town, or county) (State) Kansas City, Mo

DATE REC'D BY LOCAL REG. 3-14-55

REGISTRAR'S SIGNATURE Merna Minchall

25. FUNERAL DIRECTOR'S SIGNATURE Shelley McQuinn-Egan ADDRESS K.C. Mo

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.....
Licensed Embalmer No.....

P. O. Address.....

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.