

No. 300
No. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25146**

FILED JUL 25 1955

BIRTH NO. _____ REG. DIST. NO. **378** PRIMARY REG. DIST. NO. **4552** Registrar's No. **37**

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

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mtn. Grove		c. CITY OR TOWN Mtn. Grove	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) Lifetime		e. STREET ADDRESS (If rural, give location) 1141 D	
d. FULL NAME OF HOSPITAL OR INSTITUTION home			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Preston c. (Last) Prock			4. DATE OF DEATH (Month) (Day) (Year) July 5, 1955		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 1, 1893	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR: Months 3 Days 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Common	11. BIRTHPLACE (City and State or Foreign Country) Wright County Mo		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Preston Prock		13b. MOTHER'S MAIDEN NAME Mary Wilson		14. NAME OF HUSBAND/ OR WIFE Sarah Cottman Prock	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO		16. SOCIAL SECURITY NO. ALL.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sarah Prock Mtn Grove Mo	

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) Carcinoma Stomach		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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		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) (Minute)		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 **Apr 16 - 1955**, to **July 5 - 1955**, that I last saw the deceased alive on **July 5 - 1955**, and that death occurred at **3:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. W. Williams M.D.		23b. ADDRESS Mtn. Grove Mo.		23c. DATE SIGNED 7-8-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 7/8/55		24c. NAME OF CEMETERY OR CREMATORY Hillcrest	
		24d. LOCATION (City, town, or county) (State) Mtn. Grove Mo.			

DATE REC'D BY LOCAL REG. 7-12-55		REGISTRAR'S SIGNATURE A.B. Ames		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. W. Barber Mtn. Grove Mo	
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County File Number 102-4
Date Filed JUL 23 1955

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 *R. W. Barber*

Licensed Embalmer No. 38

P. O. Address *Wt.*

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.