

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33117**
1332

FILED OCT 25 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 OKLAHOMA b. COUNTY LAFLORE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY OR TOWN HEAVENER	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 WEEKS		e. STREET ADDRESS (If rural, give location) Box 484	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) JACK	b. (Middle)	c. (Last) BROCK	4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 10 1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 4 1889	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	10b. KIND OF BUSINESS OR INDUSTRY K.C. SOUTHERN R.R.	11. BIRTHPLACE (City and State or Foreign Country) DE KALB TEXAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME UNKNOWN BROCK	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE MRS. FLORENCE E. BROCK
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 702-12-0852	17. INFORMANT'S SIGNATURE OR NAME Mrs. FLORENCE ETHEL BROCK	ADDRESS Box 484 HEAVENER OKLA.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 24 hours 2 years 3321
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Hypertension rise to the above cause (a) stating the underlying cause last. DUE TO (c) Arteriosclerosis		
	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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO	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) (Min.)	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 **9-20 1955** to **10-10 1955**, that I last saw the deceased alive on **10-9 1955** and that death occurred at **7:40 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE W. P. Miller (Degree or title) M.D.	23b. ADDRESS 700 Argyle Bldg	23c. DATE SIGNED 10-10-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE OCT 10 1955	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL CEMETERY HEAVENER	24d. LOCATION (City, town, or county) (State) OKLAHOMA
DATE REC'D BY LOCAL REG. 10-10-55	REGISTRAR'S SIGNATURE newa minshall	25. FUNERAL DIRECTOR'S SIGNATURE A. W. Newcomer ADDRESS 1331 BUSH CREEK KANSAS CITY, MO.	

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

MAY 28 1958

31800 008

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 *Albert L. Sevay*

Licensed Embalmer No.....

P. O. Address *Kansas*

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