

FILED DEC 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37951

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 6007 Registrar's No. 281

1. PLACE OF DEATH
 a. COUNTY Randolph
 b. CITY (If outside corporate limits, write RURAL and give township) Rural Jackson 45th
 c. LENGTH OF STAY (in this place) 45 yrs
 d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. Jacksonville

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Randolph
 c. CITY OR TOWN R.F.D.
 d. Is Residence within limits of a city (incorporated town)? Yes No
 e. STREET ADDRESS (If rural, give location) 0.5 mi Jacksonville

3. NAME OF DECEASED
 a. (First) Laurence b. (Middle) Raymond c. (Last) Brock
 (Type or Print)

4. DATE OF DEATH
 (Month) (Day) (Year)
Nov. 18, 1955

5. SEX Male

6. COLOR OR RACE White

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

8. DATE OF BIRTH
July 4, 1865

9. AGE (In years last birthday) 90

If UNDER 1 YEAR: Months _____ Days _____
 If UNDER 28 HRS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)
Unknown Missouri

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
Major Brock

13b. MOTHER'S MAIDEN NAME
Bardra McLanne

14. NAME OF HUSBAND OR WIFE
Deceased

15. WAS EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
No

17. INFORMANT'S SIGNATURE OR NAME
Green Brock, Jacksonville

ADDRESS
7955

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.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural But undetermined
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving DUE TO (b) _____
 rise to the above cause (a) stating the underlying cause last.
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
7955

INTERVAL BETWEEN ONSET AND DEATH

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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:30 pm, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Dr. J. S. Jolly, M.D.

23b. ADDRESS
Waverly, Mo.

23c. DATE SIGNED
11-18-1955

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

24b. DATE
Nov. 21, 1955

24c. NAME OF CEMETERY OR CREMATORY
Mt. Salem, Cem.

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

DATE REC'D BY LOCAL REG.
Nov 21-55

REGISTRAR'S SIGNATURE
Calverhouse 2690

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Lester Hutton Macon, 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 *Charles L. Hutton*.....

Licensed Embalmer No. *457*.....

P. O. Address *Macon, Ga.*.....

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.