

FILED JAN 18 1956

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43403

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>210</u>		PRIMARY REG. DIST. NO. <u>4322</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>Mercer</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Mercer</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Princeton</u>		c. LENGTH OF STAY (in this place) <u>6 Hours</u>		c. CITY OR TOWN <u>Mercer</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Axtell Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>06-50</u>			
3. NAME OF DECEASED (Type or Print) <u>Gene</u>		a. (First)		b. (Middle)		c. (Last) <u>Mock</u>	
4. DATE OF DEATH <u>Dec. 27, 1955</u>		4. DATE OF DEATH (Month) (Day) (Year)		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>May 17, 1924</u>		9. AGE (In years last birthday) <u>31</u>		IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Eli Mock</u>		13b. MOTHER'S MAIDEN NAME <u>Mabel Derry</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>484-I4-4423</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mabel M. Mock</u>		ADDRESS <u>Mercer Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Exsanguination & Shock</u>				<u>7 hrs</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Ruptured Liver</u>				<u>7 hrs</u>	
		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 checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>Auto Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>US Highway 65</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>marion</u>		(COUNTY) <u>merc</u>	
21d. TIME OF INJURY <u>Nov 26 - 55 9:45 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto accident (1 car) turned over</u>			
22. I hereby certify that I attended the deceased from <u>Nov 26, 1955</u> , to <u>Nov 27, 1955</u> , that I last saw the deceased alive on <u>Nov 27, 1955</u> , and that death occurred at <u>5:00A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Geo. J. Haverson</u>				23b. ADDRESS <u>merc, mo</u>		23c. DATE SIGNED <u>Jan 6 - 56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 29, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>		24d. LOCATION (City, town, or county) (State) <u>Mercer County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-10-56</u>		REGISTRAR'S SIGNATURE <u>Mabel Mock</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Tommy Green</u>		ADDRESS <u>Lineville Iowa.</u>	

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, ~~on my~~....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *James L. Grand*.....

Licensed Embalmer No. *39*.....

P. O. Address *Linnville*.....

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