

FILED AUG 21 1956

STANDARD CERTIFICATE OF DEATH

State File No. 27929

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 211

1. PLACE OF DEATH a. COUNTY RANDOLPH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY RANDOLPH	
b. CITY (If outside corporate limits, write RURAL and give township) MOBERLY		c. LENGTH OF STAY (in this place) 3 DAY	c. CITY OR TOWN MOBERLY
d. FULL NAME OF HOSPITAL OR INSTITUTION McCORMICK HOSP.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) 539 UNION AVE.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
FREDRICK GEORGE BROCK			JULY 27 1956		

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 8 1862	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months 7 Days 19	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) INTERIOR DECORATOR HOME FURNISHINGS		10b. KIND OF BUSINESS OR INDUSTRY HOME FURNISHINGS		11. BIRTHPLACE (City and State or Foreign Country) LONDON, ENGLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A. - 1913	
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13a. FATHER'S NAME FREDRICK BROCK		13b. MOTHER'S MAIDEN NAME LILLIAN MAY BROCK		14. NAME OF HUSBAND OR WIFE LILLIAN MAY BROCK			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. F.G. BROCK, MOBERLY, MO.			
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPOMATIC PNEUMONIA					INTERVAL BETWEEN ONSET AND DEATH 6 hr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CARDIO VASCULIAR RENAL SYND					
	DUE TO (c) SENIALITY					
	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"/>	
				442X	

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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **3/15**, 19**56**, to **July 27**, 19**56**, that I last saw the deceased alive on **July 27**, 19**56**, and that death occurred at **7:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. J. Jolly		23b. ADDRESS MOBERLY MO.		23c. DATE SIGNED 7/28/56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-29-56	24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE	24d. LOCATION (City, town, or county) (State) PARIS, MO.		
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DATE REC'D BY LOCAL REG. 7/29/56	REGISTRAR'S SIGNATURE Sealman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Speed & Blakey, PARIS, MISSOURI	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *E. H. Agnew*

Licensed Embalmer No... *400*

P. O. Address *PARIS, MISSOURI*

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.