

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 11 1960

=60-000408

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 14

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b Life		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital # 2			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 721 So. 22nd		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First Middle Last FRANK E. STOCK				4. DATE OF DEATH Month Day Year January 3, 1960											
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Aug. 19, 1891		9. AGE (last birthday) 68		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. (6) Carpenter			10b. KIND OF BUSINESS OR INDUSTRY Gen. Carpenter			11. BIRTHPLACE (City and state or country) St. Joseph, Mo.			12. CITIZEN OF WHAT COUNTRY USA						
13a. FATHER'S NAME Frank Stock				13b. MOTHER'S MAIDEN NAME Barbara Unknown				14. NAME OF HUSBAND OR WIFE Lucy Stock							
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 Mrs Lucy Stock				Address 721 So. 22nd City			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia										INTERVAL BETWEEN ONSET AND DEATH 24 Hours					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____															
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Brain Syndrome Assoc. with Cerebral Arteriosclerosis										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)											
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE						
21. I attended the deceased from 1-3-1960 to 1-3-1960 and last saw her him alive on 1-3-1960 Death occurred at 11:33a on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE (Degree or title) R.P. Price M.D.						22b. ADDRESS State Hosp # 2 St Joseph Mo			22c. DATE SIGNED 1-3-1960						
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 7, 1960		23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery			23d. LOCATION (City, town, or county) St. Joseph, Mo.		(State)						
24. FUNERAL DIRECTOR H.O. Sidenfeller & Son				ADDRESS St Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Jan. 6, 1960		26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell							

DOCUMENT

MEDICAL CERTIFICATION
R.P. Price M.D.

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert H. Zaph

Licensed Embalmer No. 3308

P. O. Address St. Joseph, Mo

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