

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 1 1961

-61-001906

AMENDED

Registration District No. 157 Primary Registration District No. 4248 Registrar's No. 23

STATE FILE NUMBER

DATE AMENDED
INSTEAD OF
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. SHOULD READ
BY AFFIDAVIT OF

| | | | | | | |
|--|-------------------------------|---|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sarcoxie</u> | | Length of stay in 1b <u>2 Yrs.</u> | c. CITY OR TOWN <u>Sarcoxie</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>911 Washington</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>911 Washington</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Leroy</u> Middle <u>Brock</u> Last <u>Brock</u> | | | 4. DATE OF DEATH Month <u>Jan.</u> Day <u>15</u> Year <u>1961</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>6-25-1889</u> | 9. AGE (last birthday) <u>71</u> | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | | 11. BIRTHPLACE (City and state or country) <u>Carthage, Mo.</u> | | |
| 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> | | 13a. FATHER'S NAME <u>Tom Brock</u> | | 13b. MOTHER'S MAIDEN NAME <u>Reville Young</u> | | |
| 14. NAME OF HUSBAND OR WIFE <u>Ethel Hamilton Brock</u> | | 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>none</u> | | |
| 17. INFORMANT <u>Mrs. Leroy Brock, Sarcoxie, Mo.</u> | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Circulatory Failure</u> DUE TO (b) <u>Decompensated Cor Pulmonale</u> DUE TO (c) <u>Pneumonia (Hypostatic) due to</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease/condition given in PART I (a)) <u>Chronic Glomerulonephritis - arteriosclerosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> <u>10 days</u> | | |
| 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 <u>7:25</u> a.m. p.m. Month, Day, Year <u>5-31-55</u> | | 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 <u>5-31-55</u> to <u>1-15-61</u> and last saw her/him alive on <u>1-15-61</u> | | Death occurred at <u>7:25 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | |
| 22a. SIGNATURE (Degree or title) <u>D. O.</u> | | 22b. ADDRESS <u>Sarcoxie, Mo.</u> | | 22c. DATE SIGNED <u>1-16-61</u> | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>1-19-61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Paradise Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Jasper Co. Mo.</u> | | | |
| 24. FUNERAL DIRECTOR <u>Ulmer-Moss Funeral Home, Sarcoxie, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>1-25-61</u> | 26. REGISTRAR'S SIGNATURE <u>Elm Clifton</u> | | | |

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 Melvin C. Garrett
Melvin C. Garrett

Licensed Embalmer No. 5121

P. O. Address Carthage, Mo.

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.