

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013217

STATE FILE NUMBER

Registration District No. 116-116 Primary Registration District No. 3020 Registrar's No. 107

AMENDED **FILED MAY 2 1961**

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		Length of stay in 1b 1 week	c. CITY OR TOWN Mt. Sterling Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) St. Francis Hospital Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Amelia Sophia Bock			4. DATE OF DEATH Month Day Year April 21, 1961
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-25-1880
9. AGE (last birthday) 81		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Woollam, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME John Biele	
13b. MOTHER'S MAIDEN NAME Christina Schuenemeyer		14. NAME OF HUSBAND OR WIFE Gustav F. Bock	
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. none	17. INFORMANT Address Mrs. Frank Schwegler Mt. Sterling, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism DUE TO (b) Chronic Vascular Disease DUE TO (c) Senility Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 2 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) The Pulmonary Fibrosis U R Lung			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 Month, Day, Year p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 1-2-61 to 4-21-61 and last saw her alive on 4-21-61 Death occurred at 2 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree of title) Charles Schmitt		22b. ADDRESS Woolam, Mo.	22c. DATE SIGNED 4-21-61
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 4-24-1961	23c. NAME OF CEMETERY OR CREMATORY Methodist Cemetery	23d. LOCATION (City, town, or county) New Woollam, Mo.
24. FUNERAL DIRECTOR ADDRESS Gottenstroeter Funeral Home Owensville, Mo.		25. DATE RECD. BY LOCAL REG. 4/22/61	26. REGISTRAR'S SIGNATURE L.R. Johnson Deputy
27. (Licensed Embalmer's Statement on Reverse Side) Melford J.H. Winter			

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 TERRY A THOMPSON, Student Embalmer No. 624
working under my personal supervision.

Student Jerry J. Thompson
Signature of Student Embalmer

Signed Melford H. H. H.

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.