

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035732

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 287

AMENDED

FILED OCT 16 1961

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|---|---------------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Adair</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Adair</u> | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u> | Length of stay in 1b <u>1 week</u> | c. CITY OR TOWN <u>Novinger</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>Grim-Smith Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>none</u> |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |

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| 3. NAME OF DECEASED (Type or print) First <u>JENNIE</u> Middle <u>ROCK</u> Last <u>ROCK</u> | | | 4. DATE OF DEATH Month <u>October</u> Day <u>4</u> Year <u>1961</u> | | |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>3/2/1885</u> | 9. AGE (last birthday) <u>76</u> | IF UNDER 1 YEAR Months <u>1</u> Days <u>2</u> Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u> | 11. BIRTHPLACE (City and state or country) <u>Italy</u> | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>Mathew Ronchetto</u> | | 13b. MOTHER'S MAIDEN NAME <u>Domenica Bertero</u> | | 14. NAME OF HUSBAND OR WIFE <u>Joe Rock</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 Address <u>Clemintino Rock-Novinger, Mo.</u> | | |

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| 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>Cerebral Hemorrhage</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N: <input type="checkbox"/> Unknown | |
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| 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 9-27-61 to 10-4-61 and last saw her him alive on 10-3-61
Death occurred at 5:35 A m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) | 22b. ADDRESS <u>Kirksville, Mo</u> | 22c. DATE SIGNED <u>10-6-61</u> |
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| 23a. BURIAL, CREMATION, REMOVAL, (Specify) <u>burial</u> | 23b. DATE <u>10/7/1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Novinger Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Novinger, Mo.</u> |
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| 24. FUNERAL DIRECTOR <u>Dee Riley Funeral Home, Inc.</u> 415 North Franklin Kirkville, Missouri | ADDRESS <u>W. H. Jackson</u> | 25. DATE RECD. BY LOCAL REG. <u>Oct. 7, 1961</u> | 26. REGISTRAR'S SIGNATURE <u>Dora W. Ratliff</u> |
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1961 OCT 17

J. B. JONES, M.D.

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 Kenneth E. Hayes

Licensed Embalmer No. 4890

P. O. Address Kirkville, 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.