

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036411  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4928

DO NOT WRITE ON THIS STUB  
AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

<b>FILED SEP 23 1963</b>	
1. PLACE OF DEATH	
a. COUNTY <b>JACKSON</b>	b. CITY (If outside corporate limits, give TOWNSHIP only) <b>KANSAS CITY</b>
Length of stay in 1b <b>57 YEARS</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3505 EAST 8TH STREET BLUE RIDGE NURSING HOME</b>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. STATE <b>MISSOURI</b>	b. COUNTY <b>JACKSON</b>
c. CITY OR TOWN <b>KANSAS CITY</b>	
d. STREET ADDRESS (If outside, give location) <b>3704 EAST 59TH STREET</b>	
3. NAME OF DECEASED (Type or print)	
<b>DANIEL W. ROCKENSTEIN</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6/5/1877</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PLUMBER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>DODDS PLUMBING</b>
13a. FATHER'S NAME <b>JOSEPH ROCKENSTEIN</b>	13b. MOTHER'S MAIDEN NAME <b>BARBARA UNKNOWN</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	17. INFORMANT <b>MAJ BARBARA PERRY</b>
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <b>Infection of Medulla Oblongata</b>	
DUE TO (b) <b>Hypostatic Pneumonia</b>	
DUE TO (c) <b>Generalized Debility</b>	
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"/> 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 a.m. p.m.	
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 <b>11-5-62</b> to <b>9-7-63</b> and last saw him alive on <b>9-2-63</b> Death occurred at <b>3:00 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>W.K. Bowden M.D.</b>	22b. ADDRESS <b>9140 E 50th Hwy K.C. MO</b>
22c. DATE SIGNED <b>9-8-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>SEPT. 8, 1963</b>
23c. NAME OF CEMETERY OR CREMATORY <b>HOLY CROSS CEMETERY</b>	
23d. LOCATION (City, town, or county) (State) <b>LOS ANGELES CALIFORNIA</b>	
24. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONS</b>	25. DATE RECD. BY LOCAL REG. <b>9-8-63</b>
26. REGISTRAR'S SIGNATURE <b>Bessie Smith</b>	

*Dr. Mervin B. Leporeaux  
9140 East 50 Highway (Lanuel Heights)  
Sunday 4:00 - 8:00 P.M.  
809*

**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 *Louis Quest*

Licensed Embalmer No. 4096

P. O. Address K.C. 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.