

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0042214
STATE FILE NUMBER

Registration District No. 336 Primary Registration District No. 4494 Registrar's No. 16

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1010

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED OCT 31 1967		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Shannon</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Winona</u>		a. STATE <u>Mo</u> b. COUNTY <u>SHANNON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Winona</u>		Length of stay in 1b		c. CITY OR TOWN <u>Winona</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>At Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ANNA Laura Bockman</u>			4. DATE OF DEATH Month Day Year <u>Oct. 27 1967</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</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>10-4-1896</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>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>Green, Mo.</u>	
13a. FATHER'S NAME <u>Ira Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Kathleen Harrod</u>		14. NAME OF HUSBAND OR WIFE <u>Norma Wisecavan-Winona, Mo</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Norma Wisecavan-Winona, 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>INTESTINAL OBSTRUCTION</u> DUE TO (b) <u>ADHESIONS</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH
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 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 <u>May 7, 1958</u> to <u>Oct 27, 1967</u> and last saw her <u>him</u> alive on <u>Oct 27, 1967</u> . Death occurred at <u>6:45 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>H. J. Baucom D.O.</u> (Degree or title)			22b. ADDRESS <u>BIRCH TREE MO</u>		22c. DATE SIGNED <u>10-28-67</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-29-67</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pine Lawn Ceme. Winona Mo.</u>		23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR ADDRESS <u>CLARY Funeral Home - Winona, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Oct 28, 1967</u>		26. REGISTRAR'S SIGNATURE <u>Mahe Quinn</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

MISSOURI 22

NOV 2 1967

Embalmer Permit Prior to Burial

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 Emer H. Glary

Licensed Embalmer No. 5118

P. O. Address WINONA, 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.