

CERTIFICATE OF DEATH

DO NOT WRITE ON THIS STUB

9. 1
10a. 8.7
10b.
11. 0
12. 2
13. 4109
14.
15. 4
16.
17.
18. 2
19. CREDITS
20. 2-0

VS 300
Rev. 1/70

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 70

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

0. 0941

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST 1. Mary Jane Bockenkamp a/k/a Bockenkamp		SEX 2. female	DATE OF DEATH (MONTH, DAY, YEAR) 3. October 28, 1971
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. white	AGE—LAST BIRTHDAY (YEARS) MOS. DAYS 5a. 87	UNDER 1 YEAR UNDER 1 DAY HOURS MIN. 6. Jan 7, 1884	DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH 7a. St. Francois
CITY, TOWN, OR LOCATION OF DEATH 7b. Farmington		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. no	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. Route # 2
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Missouri	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Widowed	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11.
SOCIAL SECURITY NUMBER 12. 490-03-9427-A	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Presser	KIND OF BUSINESS OR INDUSTRY 13b. Shirt Factory	
RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION 14a. Missouri 14b. St. Fran. 14c. Bonne Terre	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d.	STREET AND NUMBER 14e. 402 N. Division St.	
FATHER—NAME FIRST MIDDLE LAST 15. Milton House	MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. Margaret Glore	INFORMANT—NAME MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17a. L. D. Fryman 17b. 402 N. Division St., Bonne Terre, Mo.	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE (a) Circulatory Failure DUE TO, OR AS A CONSEQUENCE OF:			5-10 min
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (b) Ventricular Infarction DUE TO, OR AS A CONSEQUENCE OF:			5-10 min
(c) Myocardial Infarction			40+ days
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) A stroke			AUTOPSY (YES OR NO) 19a. NO
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d.
INJURY AT WORK (SPECIFY YES OR NO) 20e.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> URM
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. 6-30-69 TO 10-28-71	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 21c. 10-24-71	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. Yes	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e. 8:30 PM
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a.			
CERTIFIER—NAME (TYPE OR PRINT) 23a. James A. Armentrout D.O.		SIGNATURE 23b. James A. Armentrout	DEGREE OF TITLE 23c. D.O.
MAILING ADDRESS—CERTIFIER 23d. 506 North St. - Farmington Missouri - 63640		DATE SIGNED (MONTH, DAY, YEAR) 23e. 11-1-71	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. Germania	LOCATION 24c. Rt # 2, Bonne Terre, Mo.	
DATE (MONTH, DAY, YEAR) 24d. Oct 31, 1971	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24e. C.Z. Bover & Son, 313 Benham St., Bonne Terre, Mo.	FUNERAL DIRECTOR—SIGNATURE 24f. D. J. Bover	
REGISTRAR—SIGNATURE 24g. M. L. Day		DATE RECEIVED BY LOCAL REGISTRAR 24h. 11-8-71	

Type or print in PERMANENT BLACK INK. See handbook for instructions.

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 Burlin T. Boyer

Licensed Embalmer No. 5117

P. O. Address Bonietone, Mo
63628

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.