

10. 300
0. 48

LO
3

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4673

State File No.

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 4204 Registrar's No. 217

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Laredo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Laredo</u>	
c. LENGTH OF STAY (In this place) <u>1</u> <u>59</u> years			
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u> b. (Middle) <u>Ann</u> c. (Last) <u>Urton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 3 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 13 1858</u>		9. AGE (In years last birthday) <u>90</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>20</u> IF UNDER 12 HRS. 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 <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <u>Randolph County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>United States</u>
13a. FATHER'S NAME <u>W.C. Evans</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Owens</u>		14. NAME OF HUSBAND OR WIFE <u>W.C. Urton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>W.C. Urton</u>		ADDRESS <u>Laredo Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arterio-sclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>advanced age</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
---	---	--	--	----------------------------------

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>334T</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
--	--	----------------------------	--

22. I hereby certify that I attended the deceased from Jan 14 1949 to March 3 1949, that I last saw the deceased alive on July 25 1949, and that death occurred at 9 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Trenton Mo.</u>	23c. DATE SIGNED <u>3/5/49</u>
---	---------------------------------	--------------------------------

24a. BURIAL or CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 6 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Trenton Mo.</u>
--	-------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>3-5-1949</u>	REGISTRAR'S SIGNATURE <u>Gene Fair</u> <u>115</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>O.E.J. Robertson Funeral Home</u>	
--	---	---	--

FEB 6 1900

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.

Signed John M Robertson

Signed.....
Student Embalmer

Licensed Embalmer No. 4388

P. O. Address Laredo 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 this body is not embalmed, fact should be so stated above.