

FILED SEP 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26256

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 268

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAPE GIRARDEAU</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BENTON</u>	
c. LENGTH OF STAY (in this place) <u>2 MON.</u>		d. STREET ADDRESS (If rural, give location) <u>1000</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSPITAL</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ZENO</u>		b. (Middle) <u>JACOB</u>	
c. (Last) <u>URHAHN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 31 1950</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 16 1902</u>
9. AGE (In years last birthday) <u>48</u>		IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>High way work</u>	11. BIRTHPLACE (State or foreign country) <u>NEW HAMBURG, MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>LAWRENCE URHAHN</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERINE GEISNER</u>	
14. NAME OF HUSBAND OR WIFE <u>LORETTA C. URHAHN</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>490-14-1559</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>LORETTA C. URHAHN</u>		ADDRESS <u>BENTON, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Metastases</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Prostate</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 <u>1 MO</u> <u>6 MO</u> <u>177X</u>			
19a. DATE OF OPERATION <u>7-17-50</u>		19b. MAJOR FINDINGS OF OPERATION: <u>Carcinoma Prostate</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 <u>2-2-1950</u> , to <u>8-31-1950</u> , that I last saw the deceased alive on <u>8-31-1950</u> , and that death occurred at <u>4:30 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>D. Seabaugh</u> (Degree or title) <u>MD.</u>		23b. ADDRESS <u>801 1/2 Broadway, Benton, Mo.</u>	
23c. DATE SIGNED <u>9-5-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT. 4 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Denis Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Benton Scott County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-5-1950</u>		REGISTRAR'S SIGNATURE <u>C. G. Summers</u> ADDRESS <u>44</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Smith</u>		ADDRESS <u>Over, Mo</u>	

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

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RECEIVED  
SEP 11 1950  
OFFICE OF THE STATE BOARD OF HEALTH  
MICHIGAN

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Earl J. Smith*

Signed .....  
Student Embalmer

Licensed Embalmer No. *2676*

P. O. Address *Orion 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.