

FILED SEP 14 1950

STANDARD CERTIFICATE OF DEATH

State File No. 27480

BIRTH NO. 59601-50 REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 146

0590

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

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>Chillicothe</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chula, Rural R.F.D. #10590</u>	
c. LENGTH OF STAY (In this place) <u>1 Day</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles N.E. Chula RFD!</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chillicothe, Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jerry</u> b. (Middle) <u>Lee</u> c. (Last) <u>Urton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-25-50</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White (US)</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	
8. DATE OF BIRTH <u>8-25-50</u>		9. AGE (In years last birthday) <u>0</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>13</u> Hours <u>5</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US #</u>					

13a. FATHER'S NAME <u>Ora Urton</u>		13b. MOTHER'S MAIDEN NAME <u>Mary M. Hall</u>		14. NAME OF HUSBAND OR WIFE	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ora Urton, Chula, Mo. R.F.D. #1</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral anoxia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>13 hrs. 5 min</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Anterior cerebral hemorrhage</u>		
	DUE TO (c) <u>that difficult delivery</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>7600</u>

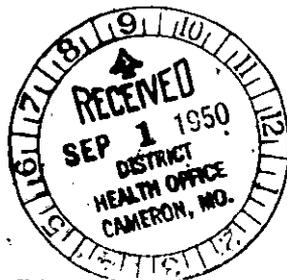
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 25 Aug. - 1950, to 28 Aug. 1950, that I last saw the deceased alive on 25 Aug., 1950, and that death occurred at 4:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles M. Grace</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Chillicothe, Mo.</u>		23c. DATE SIGNED <u>26 Aug. 57</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-26-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Edgewood</u>		24d. LOCATION (City, town, or county) (State) <u>Chillicothe, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Aug-26-50</u>		REGISTRAR'S SIGNATURE <u>Francesco B Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Norman Funeral Home, Chillicothe, Mo.</u>	
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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.....

Myself

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer,

Signed

Joseph M. Libson
Licensed Embalmer No. *4769*

P. O. Address *Chillicothe, 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.