

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

1725

State File No. ....

FILED JAN 31 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 35

495

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jasper</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u> c. LENGTH OF STAY (in this place) <u>40 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>112 E. 2nd</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u> <u>0495</u> d. STREET ADDRESS (If rural, give location) <u>112 E. 2nd</u>	
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<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Brice</u> b. (Middle) <u>George</u> c. (Last) <u>Ury</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Jan. 21, 1952</u>		
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<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>Colored</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>		<b>8. DATE OF BIRTH</b> <u>Aug. 23, 1896</u>		<b>9. AGE</b> (In years last birthday) <u>55</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>operated cafe</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>cafe</u>				<b>11. BIRTHPLACE</b> (State or foreign country) <u>Texas</u>				<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>			
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<b>13a. FATHER'S NAME</b> <u>unknown</u>				<b>13b. MOTHER'S MAIDEN NAME</b> <u>unknown</u>				<b>14. NAME OF HUSBAND OR WIFE</b> <u>May Ury</u>			
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>				<b>16. SOCIAL SECURITY NO.</b> _____				<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>May Ury, 112 E. 2nd</u>				<b>ADDRESS</b> <u>Joplin, Mo.</u>			
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<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>								<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary occlusion</u>									
		<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Hypertension</u>									
		DUE TO (c) _____									
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.									

<b>19a. DATE OF OPERATION</b> _____				<b>19b. MAJOR FINDINGS OF OPERATION</b> _____				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____				<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>029X</u>			
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> _____					
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**22. I hereby certify that I attended the deceased from** Jan 14, 1952 **to** Jan 20, 1952, **that I last saw the deceased alive on** Jan 11, 1952, **and that death occurred at** 3 A **mi. from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>E. C. Coats M.D.</u>				<b>23b. ADDRESS</b> <u>Joplin, Mo.</u>				<b>23c. DATE SIGNED</b> <u>1-27-52</u>			
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>1-23-52</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Parkway</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Joplin, Missouri</u>					
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<b>DATE REC'D BY LOCAL REG.</b> <u>1-24-52</u>		<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>				<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Steve Parker Mortuary, Joplin, Mo.</u>					
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-28-52  
Jasper County Health Office

County File Number 52/1/84

Date Filed 1-28-52

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 F. M. Jones

Signed.....  
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin 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.