

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18645

State File No.

FILED JUN 8 1953

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3042 Registrar's No. 83

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>Chillicothe</u> <u>0592</u>	
c. LENGTH OF STAY (In this place) <u>5 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>121 Ninth St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>121 Ninth St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>OTTO</u> b. (Middle) <u>GEORGE</u> c. (Last) <u>UHLIG</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 1, 1953</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>Nov. 18, 1875</u>
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 60 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer (Ret)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>	11. BIRTHPLACE (State or foreign country) <u>Peoria, Ill.</u>
		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>George Uhlig</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Susie Uhlig</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Susie Uhlig-Chillicothe, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Senility & Arteriosclerosis</u>		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>331x</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 May 21, 1951, to June 1, 1953, that I last saw the deceased alive on June 1, 1953, and that death occurred at 2:15A m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. W. Matheny</u> (Degree or title) <u>2</u>		23b. ADDRESS <u>Chillicothe, Mo.</u>		23c. DATE SIGNED <u>6-2-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 3, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wheeling cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Wheeling, Mo.</u>		DATE REC'D BY LOCAL REG. <u>6-2-53</u>		REGISTRAR'S SIGNATURE <u>Francis B. Darr</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Francis B. Darr</u>		ADDRESS <u>Chillicothe, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Matheny

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ronald Gordon

Licensed Embalmer No. 4191

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.