

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21908**

FILED JUL 14 1953

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 314

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN	
d. FULL NAME OF HOSPITAL OR INSTITUTION JOPLIN GENERAL HOSPITAL		d. STREET ADDRESS (If rural, give location) 2127 RANGE LINE	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM	b. (Middle) T.	c. (Last) URIE	4. DATE OF DEATH (Month) (Day) (Year) JULY 2 1953
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 26, 1889	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FIREMAN	10b. KIND OF BUSINESS OR INDUSTRY MO. PAC. RAILROAD	11. BIRTHPLACE (State or foreign country) JOPLIN, MO.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME WILLIAM W. URIE	13b. MOTHER'S MAIDEN NAME * * * * *	14. NAME OF HUSBAND OR WIFE STHAKLIE URIE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME GRACE HENSON	ADDRESS 2127 RANGE LINE JOPLIN
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis with Cardiac Dilatation		INTERVAL BETWEEN ONSET AND DEATH 6 mo. 10 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Silicosis		
	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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? _____
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22. I hereby certify that I attended the deceased from 6-26-53, 1953, to 7-1-53, 1953, that I last saw the deceased alive on 7-2-53, 1953, and that death occurred at 2 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. E. Kilbane, M.D.	23b. ADDRESS 521 W. 4, Joplin Missouri	23c. DATE SIGNED 7-3-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-7-53	24c. NAME OF CEMETERY OR CREMATORY FOREST PARK	24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI
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DATE REC'D BY LOCAL REG. 7-7-53	REGISTRAR'S SIGNATURE Ed S. James	25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY	ADDRESS JOPLIN, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 1 1960

SEP 14 1959

RECEIVED

Jasper County Health Office

County File Number 7-13 590

Date Filed 7-13

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.....
Student Embalmer

Signed F. M. Jones

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.