FILED AUG 21 1953

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 28394

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 122

**1. PLACE OF DEATH**
a. COUNTY: Grundy
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Trenton
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wright Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Grundy
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spickard R. 1
d. STREET ADDRESS (If rural, give location): Lincoln Twp

0402 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): MARY
b. (Middle): CORDELIA
c. (Last): UHRMACHER

**4. DATE OF DEATH** (Month) (Day) (Year): August 4 1953

**5. SEX**: fe 1
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Aug 1 1897
**9. AGE** (In years last birthday): 56 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): housewife
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): Galt Mo
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Craig Mack
**13b. MOTHER'S MAIDEN NAME**: Cordelia Combs
**14. NAME OF HUSBAND OR WIFE**: Walter Uhrmacher

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown):
(If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**: ✓
**17. INFORMANT'S SIGNATURE OR NAME**: Walter Uhrmacher
**ADDRESS**: Spickard Mo

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute heart failure — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b)

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**: 7824
**20. AUTOPSY?** YES ☐ NO ☐

**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) m.:
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**:

22. *I hereby certify that I attended the deceased from* Aug 3rd *, 19*53 *to* Aug 4th *, 19*53*, that I last saw the deceased alive on* Aug 3rd *, 19*53*, and that death occurred at* 3:30 *p.m., from the causes and on the date stated above.*

**23a. SIGNATURE**: Oliver F. Duffy MD (Degree or title)
**23b. ADDRESS**: Trenton Mo
**23c. DATE SIGNED**: Aug 4th 53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): B
**24b. DATE**: 8-6-1953
**24c. NAME OF CEMETERY OR CREMATORY**: South Evans
**24d. LOCATION** (City, town, or county) (State): Spickard Mo

**DATE REC'D BY LOCAL REG.**: 8/6/53
**REGISTRAR'S SIGNATURE**: Irene Fair 115
**25. FUNERAL DIRECTOR'S SIGNATURE**: P K Payne Son
**ADDRESS**: Galt Mo

(Licensed Embalmer's Statement on Reverse Side)

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

## 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 P K Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

**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.