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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35156

FILED OCT 28 1953

REG. DIST. NO. 43

PRIMARY REG. DIST. NO. 3007

State File No. 428

Registrar's No. 428

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (In this place) 16 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Illmo	
d. FULL NAME OF HOSPITAL OR INSTITUTION VA Hospital		d. STREET ADDRESS (If rural, give location) Route # 1			
3. NAME OF DECEASED (Type or Print) a. (First) AUGUST		b. (Middle) W.		c. (Last) UDING	
4. DATE OF DEATH (Month) (Day) (Year) October 7, 1953		5. SEX MALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH SEPT. 9, 1898		9. AGE (In years) (If under 1 year: last birthday) (If under 1 year: Months) (If under 1 year: Days) (If under 1 year: Hours) (If under 1 year: Min.) 55	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ST. GENEVIEVE, MO.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Charles Uding		13b. MOTHER'S MAIDEN NAME Louise Seward	
14. NAME OF HUSBAND OR WIFE LAVERNE JOKERS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES		16. SOCIAL SECURITY NO. UNKNOWN	
17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Disease ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. DUE TO (b) Myocardial Failure DUE TO (c) Generalized Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple Cerebral Thrombosis INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) 4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA		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 Sept. 21, 1953 , to Oct. 7, 1953 , and that death occurred at 3:20 P.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) HARRY J. PRICE, M.D., Chief Med. Serv.		23b. ADDRESS VA Hospital, Poplar Bluff, Mo.		23c. DATE SIGNED 10-7-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-10-53		24c. NAME OF CEMETERY OR CREMATORY St. Genevieve	
24d. LOCATION (City, town, or county) (State) St. Genevieve Mo		25. FURNERAL DIRECTOR'S SIGNATURE Phelps-Tuchel Poplar Bluff			
DATE REC'D BY LOCAL REG. 10/19/53		REGISTRAR'S SIGNATURE G. H. Munchel		ADDRESS Poplar Bluff Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

RECEIVED

OCT 26 1953

BUTLER CO. HEALTH CENTER

FILE No. _____

100
28

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 10-7-53 or by _____

working under my personal supervision.

Student Embalmer No.

Signed Phil A. Leuchel

Signed.....
Student Embalmer

Licensed Embalmer No. 2936

P. O. Address Poplar Bluff

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.