

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **36266**

BIRTH NO. _____		REG. DIST. NO. <b>156</b>		PRIMARY REG. DIST. NO. <b>2001</b>		Registrar's No. <b>458</b>	
1. PLACE OF DEATH a. COUNTY <b>JASPER</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, institution before death) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>JOPLIN</b>		c. LENGTH OF STAY (In this place) <b>12 DYS</b>		c. CITY OR TOWN <b>JOPLIN</b>		d. Is residence within limits of city or incorporated town? <input checked="" type="checkbox"/> Yes No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>FREEMAN HOSP.</b>				e. STREET ADDRESS (If rural, give location) <b>714 N. SERGEANT</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>MINNIE EDITH</b>			b. (Middle) _____		c. (Last) <b>URICK</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>OCT 9 1953</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JUL 25, 1890</b>		9. AGE (In years last birthday) <b>63</b>	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) <b>SALES LADY</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RETAIL</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>JOPLIN, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>UNKNOWN</b>			13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>S.J. URICK</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>491-01-4144</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>EDWIN URICK FT. WORTH, TEX</b>			
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) <b>General carcinomatosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Medullary carcinoma of the left breast. (Breast removed in 1951)</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Metastatic involvement of the right femur, with pathological fracture in May of 1952.</b>					INTERVAL BETWEEN ONSET AND DEATH <b>About 1 yr</b>  <b>Undetermined</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>170X F</b>					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 <b>March</b> , 19 <b>53</b> , to <b>October 9, 1953</b> , that I last saw the deceased alive on <b>October 9, 1953</b> , and that death occurred at <b>4:00 A. M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Edwin Urick M.D.</b>				23b. ADDRESS <b>410 Jackson, Joplin, Mo.</b>		23c. DATE SIGNED <b>10-15-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>OCT. 10, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OZARK MEM. PARK</b>		24d. LOCATION (City, town, or county) (State) <b>JOPLIN Mo</b>		
DATE REC'D BY LOCAL REG. <b>10-16-53</b>		REGISTRAR'S SIGNATURE <b>Edwin Urick</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Herbert Glover Joplin</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 19 1953  
RECEIVED  
Jasper County Health Office  
County File Number 53-10-833  
Date Filed OCT 19 1953

JUL 5 1953

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.....  
Signature of Student Embalmer

Signed..... *Dale Glover*

Licensed Embalmer No... *459*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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