

FILED APR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11618**BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 326

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN SPRINGFIELD
d. FULL NAME OF HOSPITAL OR INSTITUTION 2100 N. KANSAS		f. STREET ADDRESS (If rural, give location) 2100 N. KANSAS	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIS b. (Middle) EOBERT c. (Last) UZZELL			4. DATE OF DEATH (Month) (Day) (Year) APRIL 9, 1955		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 13, 1892	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) RET. FRISCO RR. EMP.		10b. KIND OF BUSINESS OR INDUSTRY RR. SHOPS	11. BIRTHPLACE (City and State or Foreign Country) ALTON, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME WILLIAM O. UZZELL	13b. MOTHER'S MAIDEN NAME NANCY SIMMONS	14. NAME OF HUSBAND OR WIFE MARGARET UZZELL
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME MRS. MARGARET UZZELL	ADDRESS SPFLD. 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer-stomach.		INTERVAL BETWEEN ONSET AND DEATH Don't know
	ANTECEDENT CAUSES Morbidity 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 151X	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? _____

2. I hereby certify that I attended the deceased from 4, 7, 1955, to 4, 9, 1955, that I last saw the deceased live on 4, 9, 1955, and that death occurred at 2:30A.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) _____	23b. ADDRESS Springfield, Missouri	23c. DATE SIGNED 4.12.55
---	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APRIL 11, 55	24c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEMETERY	24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI
---	-------------------------------	--	--

DATE REC'D BY LOCAL REG. 4-13-55	REGISTRAR'S SIGNATURE [Signature]	25. FEDERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS SPFLD. MO.
---	--	---	---------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

1955

APR 18 1955

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.....
Max Rhodes

Licensed Embalmer No. 4071

P. O. Address SPRINGFIELD,

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.