

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19109

State File No.

FILED JUL 15 1955

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5569 Registrar's No. 240

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a..STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN Rural (Brookings)		c. CITY OR TOWN Independence	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 49th & Chapin Road		e. STREET ADDRESS (If rural, give location) 49th & Chapin Rd. R R # 4 1 1/2	
3. NAME OF DECEASED (Type or Print) a. (First) Carl b. (Middle) Oscar c. (Last) Uhlig			4. DATE OF DEATH (Month) (Day) (Year) July 1 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 7 1887
9. AGE (In years last birthday) 67		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) Glazer		10b. KIND OF BUSINESS OR INDUSTRY Carpenter	11. BIRTHPLACE (City and State or Foreign Country) Ritchfield, Kansas
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME Valentine O. Uhlig	
13b. MOTHER'S MAIDEN NAME Ida Fink		14. NAME OF HUSBAND OR WIFE Clara Uhlig - Wife	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 486-03-2546	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Clara Uhlig R.R.# 4 Indep, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac degeneration ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic glomerulonephrosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis general	
INTERVAL BETWEEN ONSET AND DEATH 6 weeks		9-12 MO	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		592 X	
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)	
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 Feb 18 1955 , to July 1 1955 , that I last saw the deceased alive on June 30, 1955 , and that death occurred at 6:10 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE John T. Shuman MD (Degree or title)		23b. ADDRESS 1102 Grand K.C.MO	
23c. DATE SIGNED 6-1-55			
24a. BURIAL OR CREMATION (Specify) Burial		24b. DATE July 2, 1955	
24c. NAME OF CEMETERY OR CREMATORY Floral Hills		24d. LOCATION (City, town, or county) (State) Kansas City Missouri	
DATE REC'D BY LOCAL REG. 7-2-55		REGISTRAR'S SIGNATURE [Signature] 352	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FLORAL HILLS MEMORIAL CHAPELS, INC. K.C.MO			

APR 21 1934

SKINNER 1401 BRYANT

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 *Lloyd C. McCall*

Licensed Embalmer No. 485

P. O. Address H. C. 7

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.