No. 300
10-48

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23140

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 205

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

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
c. LENGTH OF STAY (in this place): 58 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bothwell Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
d. STREET ADDRESS (If rural, give location): 218 So. Moniteau

3. NAME OF DECEASED (Type or Print)
a. (First): ANNA
b. (Middle):
c. (Last): URBAN

4. DATE OF DEATH (Month) (Day) (Year): Aug 6 1955

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: June 13 1878
9. AGE (In years last birthday): 77 — 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): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): St Louis Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Franz D. Moerschel
13b. MOTHER'S MAIDEN NAME: Marie Schoenthaler
14. NAME OF HUSBAND OR WIFE: Sebastian Urban

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Carl Urban — ADDRESS: Sedalia

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): Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c): 331X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* May, 1955, *to* Aug 6, 1955 *that I last saw the deceased alive on* Aug 6 1955, *and that death occurred at* 10 30 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C C Snavely / MML
23b. ADDRESS: Sedalia
23c. DATE SIGNED: Aug 8-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-8-55
24c. NAME OF CEMETERY OR CREMATORY: Crown Hill
24d. LOCATION (City, town, or county) (State): Sedalia Mo

DATE REC'D BY LOCAL REG.: 8-8-55
REGISTRAR'S SIGNATURE: Lavina Coontz Deputy 251-0
25. FUNERAL DIRECTOR'S SIGNATURE: McLaughlin Bros — ADDRESS: Sedalia

(Licensed Embalmer's Statement on Reverse Side)

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 James R. Ashren

Licensed Embalmer No. 4930

P. O. Address Sedalia, Mo.

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

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