

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 14 1955

State File No. **35848**

|   |                           |  |                                     |   |
|---|---------------------------|--|-------------------------------------|---|
| BIRTH NO. _____   |                           | REG. DIST. NO. <b>1</b>  | PRIMARY REG. DIST. NO. <b>500k</b>  | Registrar's No. <b>365</b>  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Adair</b>   |                           | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission).<br>a. STATE <b>Mo</b><br>b. COUNTY <b>Adair</b>   |                                     |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Greentop</b>  |                           | c. CITY OR TOWN <b>Rural, Greentop</b>   |                                     | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY in this place <b>Life</b>   |                           | d. FULL NAME OF HOSPITAL OR INSTITUTION <b>at farm home</b>  |                                     |   |
| STREET ADDRESS <b>R. F. D. #1, Greentop, Clay Twp.</b>  |                           | <b>0016</b>  |                                     |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Edwin</b><br>b. (Middle) <b>Pearl</b><br>c. (Last) <b>Uber</b>   |                           | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Dec. 9, 1955</b>   |                                     |   |
| 5. SEX <b>M</b>   | 6. COLOR OR RACE <b>W</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>  | 8. DATE OF BIRTH <b>May 8, 1874</b> | 9. AGE (In years last birthday) <b>81</b><br>IF UNDER 1 YEAR: Months _____ Days _____<br>IF UNDER 24 HRS: Hours _____ Min. _____  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>   |                           | 10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>  |                                     | 11. BIRTHPLACE (City and State or Foreign Country) <b>Adair co, Mo.</b>   |
| 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |                           |  |                                     |   |
| 13a. FATHER'S NAME <b>John Uber</b>   |                           | 13b. MOTHER'S MAIDEN NAME <b>Chloe Vorhees</b>   |                                     | 14. NAME OF HUSBAND OR WIFE <b>Mary Schade</b>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>  |                           | 16. SOCIAL SECURITY NO. <b>None</b>  |                                     | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Wayne Van Meter, Greentop, Mo.</b>  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b><br>ANTECEDENT CAUSES <b>Arteriosclerosis</b><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>4261</b> |                                     | INTERVAL BETWEEN SET AND DEATH <b>Instant</b><br><b>15 yrs.</b>   |
| 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) _____   |
| 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>8/23</b> 19 <b>50</b> , to <b>12/9</b> 19 <b>55</b> , that I last saw the deceased alive on <b>11/5</b> 19 <b>55</b> and that death occurred at <b>6:15 AM.</b> , from the causes and on the date stated above. |                           |  |                                     |   |
| 23a. SIGNATURE (Person or title) <b>Edward M. Roberts, M.D.</b>   |                           | 23b. ADDRESS <b>Queen City, Mo.</b>  |                                     | 23c. DATE SIGNED <b>12/9/55</b>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   |                           | 24b. DATE <b>12/11/55</b>  |                                     | 24c. NAME OF CEMETERY OR CREMATORY <b>Ft. Madison Cemetery</b>  |
| 24d. LOCATION (City, town, or county) (State) <b>Adair County Mo.</b>   |                           |  |                                     |   |
| DATE REC'D BY LOCAL REG. <b>12-12-55</b>  |                           | REGISTRAR'S SIGNATURE <b>Kate Sambert</b>  |                                     | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>(Red M. Wiley) Kirksville, Mo.</b>  |

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

JAN 6 1958

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 *George W. Dawalt*

Licensed Embalmer No. *479*

P. O. Address *1215 Paul*

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.