

FILED JUL 11 1956

## STANDARD CERTIFICATE OF DEATH

State File No. 20918

BIRTH NO. REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 286

1. PLACE OF DEATH a. COUNTY JASPER			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE CALIFORNIA b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. LENGTH OF STAY (in this place) 1 week	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EL VERANO		d. STREET ADDRESS (If rural, give location) 8079
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) WILMA b. (Middle) HELEN c. (Last) UBER		4. DATE OF DEATH (Month) (Day) (Year) JUNE 30, 1956			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Jan. 14, 1919	9. AGE (In years last birthday) 37	10. UNDER 1 YEAR 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Nashville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Andy Harrington		13b. MOTHER'S MAIDEN NAME Mable Reynolds		14. NAME OF HUSBAND OR WIFE Albert Uber	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 445-14-2525	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Albert Uber - El Verano, California		
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sarcoma (generalized) 6-8 mo type and original lesion not determined INTERVAL BETWEEN ONSET AND DEATH 6-8 mo DUE TO (b) not determined 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		1999		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)	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 Apr 15, 1956, to June 30, 1956, that I last saw the deceased alive on June 30, 1956 and that death occurred at 10:30 P.M., from the causes and on the date stated above.					
23a. SIGNATURE M. F. Hill MD		23b. ADDRESS Joplin Mo		23c. DATE SIGNED 7-3-56	
24a. BURIAL, CREMATION, REMOVAL Removal	24b. DATE 6-30-56 7-3	24c. NAME OF CEMETERY OR CREMATORY GAR	24d. LOCATION (City, town, or county) (State) Miami, Ottawa, Okla.		
DATE REC'D BY LOCAL REG. 7-3-56	REGISTRAR'S SIGNATURE Dove Merriam		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul Thomas - Picher, Okla.		

(Licensed Embalmer's Statement on Reverse Side)

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

526  
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Jasper County  
County File Number 56-7-54  
Date Filed JUL 10 1956

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

working under my personal supervision.

Student Embalmer No. ....

*Paul Thomas*  
Paul Thomas

Signed.....

Licensed Embalmer No. 1244

Signed.....  
Student Embalmer

P. O. Address Picher, Oklahoma

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