

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039166
STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 557

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Scott</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Cape Girardeau</i>		c. CITY OR TOWN <i>Benton</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Francis</i>		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb <i>1 day</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <i>LAWRENCE (N.M.N.) URHAHN</i>			4. DATE OF DEATH Month Day Year <i>DEC 1, 1958</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Nov 10, 1876</i>	9. AGE (In years last birthday) <i>82</i>	FUNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	11. BIRTHPLACE (City and state or country) <i>New Hamburg, Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Peter Urhahn</i>	13b. MOTHER'S MARRIAGE NAME <i>Hagan</i>	13c. NAME OF HUSBAND OR WIFE <i>Catherine Heisner</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>Henry Urhahn</i> Address <i>Benton, Mo</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic <i>UREMIA.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 weeks</i>
DUE TO (b) <i>Chronic pyelonephritis</i>		
DUE TO (c) <i>6000</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Retroperitoneal Tumor, type undiagnosed</i>		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY .Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <i>Jan 1957</i> to <i>Dec 1, 1958</i> and last saw ^{her} alive on <i>Nov 30, 1958</i> Death occurred at <i>9:20 a.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <i>John Brown M.D.</i>	22b. ADDRESS <i>937 Broadway Cap. Bldg. Mo</i>	22c. DATE SIGNED <i>Dec 2, 1958</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	23b. DATE <i>12/3/58</i>	23c. NAME OF CEMETERY OR CREMATORIUM <i>St Denis</i>	23d. LOCATION (City, town, or county) (State) <i>Benton, Missouri</i>
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24. FUNERAL DIRECTOR <i>Bispling Funeral Home</i> ADDRESS <i>Chaffee, Mo</i>	25. DATE RECD. BY LOCAL REG. <i>Dec. 5, 1958</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. Homer Cooper</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300 C
1-57

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 *Oliver O. Smith*

Licensed Embalmer No. *4470*

P. O. Address *Illmo. Mo.*

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.