

MURKIN DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 23 1959

59-037094

STATE FILE NUMBER

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 121

MEINDED

1. PLACE OF DEATH a. COUNTY <u>PERRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST. GENEVIEVE</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>PERRYVILLE</u>			Length of stay in 1b <u>2 WEEKS</u>		c. CITY OR TOWN <u>ST. GENEVIEVE</u>		Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PERRY CO. MEMORIAL</u>			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) <u>823 NO. 6th ST</u>		Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First Middle Last <u>VALENTINE WILLIAM UDING</u>				4. DATE OF DEATH Month Day Year <u>OCT 8 1959</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>1/16/91</u>		9. AGE (last birthday) <u>68</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STONE MASON</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>FRENCH VILLAGE, MO</u>		
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>							
13a. FATHER'S NAME <u>CHARLES UDING</u>			13b. MOTHER'S MAIDEN NAME <u>LOUISE SKWALD</u>			14. NAME OF HUSBAND OR WIFE <u>JOSEPHINE FIELE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>190-01-9616</u>		17. INFORMANT Address <u>Josephine Uding 80. Genesee Mo</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Embolus</u>							INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) <u>Cpd. post. & clavicle & rupture</u>							<u>2 weeks</u>
DUE TO (c) <u>OF spleen & hemorrhage</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Struck by rock on its shoulder from blasting at quarry</u>					
20c. TIME OF INJURY Hour a.m. p.m. <u>9/25/59</u>							
20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Rock Quarry</u>	20f. CITY, TOWN, OR LOCATION <u>St. Genevieve</u>		COUNTY <u>ST. GEN.</u>	STATE <u>MO</u>		
21. I attended the deceased from <u>9/25/59</u> to <u>10/8/59</u> and last saw him alive on <u>10/8/59</u> Death occurred at <u>7:45</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Dr. A. C. Crotman M.D.</u> (Degree or title)				22b. ADDRESS <u>Coryville, Mo.</u>		22c. DATE SIGNED <u>10/13/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>10/12/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>VALLE SPRING</u>		23d. LOCATION (City, town, or county) (State) <u>ST. GENEVIEVE MO</u>			
24. FUNERAL DIRECTOR <u>Rea Baker 80. Genesee Mo</u>		ADDRESS <u>10-15-59</u>		25. DATE RECD. BY LOCAL REG. <u>10-15-59</u>		26. REGISTRAR'S SIGNATURE <u>Joe J. Joellner</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS OCT 26 1959

VS OCT 23 1959

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 Adrian J. Eller

Licensed Embalmer No. 4740

P. O. Address St. Louis

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.