

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 15 1959

53

Primary Registration District No. 3010

Registrar's No. 457

59-039227

STATE FILE NUMBER

MEMORANDUM

| | | | | | | | |
|--|--|---|--|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Cape Girardeau | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau | | Length of stay in 1b 1 Week | | c. CITY OR TOWN Benton | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital | | | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) Foot of Road to Charleston at Benton | |
| 3. NAME OF DECEASED (Type or print) First William Middle John Last Urhahn | | | | 4. DATE OF DEATH Month November Day 30 Year 1959 | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 1-21-1889 | |
| | | | | 9. AGE (last birthday) 70 | | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Hiway Dep't. | | | | 10b. KIND OF BUSINESS OR INDUSTRY Farm | | 11. BIRTHPLACE (City and state or country) Benton, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY U. S. A. | | | | 13a. FATHER'S NAME John Urhahn | | | |
| 13b. MOTHER'S MAIDEN NAME Rose Glasser | | | | 14. NAME OF HUSBAND OR WIFE Amelia Scherer | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | | | 16. SOCIAL SECURITY NO. 491-36-0627 A | | 17. INFORMANT Address Pat Urhahn Benton, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) Uremia | | | | | | | ? |
| DUE TO (b) Hypertensive - and arterial - sclerotic | | | | | | | ? |
| DUE TO (c) cardio-vascular - renal disease. | | | | | | | ? |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral vascular accident. | | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 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.) | | | |
| 20c. TIME OF INJURY Hour a.m. p.m. | | Month, Day, Year | | | | | |
| 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 | |
| 21. I attended the deceased from 11-23-59 to 11-30-59 and last saw ^{her} alive on 11-30-59 . Death occurred at 5:35 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) Charles F. Wilson M.D. | | | | 22b. ADDRESS 714 Broadway Cape Girardeau Mo. | | 22c. DATE SIGNED 12-4-59 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 12- | | 23c. NAME OF CEMETERY OR CREMATORY St. Denis Catholic Church | | 23d. LOCATION (City, town, or county) Benton, Mo. (State) | |
| 24. FUNERAL DIRECTOR Ford & Sons ADDRESS Benton, Mo. | | | | 25. DATE RECD. BY LOCAL REG. 12-7-1959 | | 26. REGISTRAR'S SIGNATURE Luann Kasten | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 22 1959

DEC 29 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 _____

W. J. Ford

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau, 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.