

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-039371**

STATE FILE NUMBER

FILED VS. DEC 1 1959 72

Registration District No. 3013 Primary Registration District No. 201 Registrar's No. 201

EMENDED

1. PLACE OF DEATH a. COUNTY <i>Clay</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Platte</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>North Kansas City</i>		Length of stay in lb <i>10 Da</i>	c. CITY OR TOWN <i>Parkville</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>North Kansas City Memorial</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>RFD 4 - Bx 284</i> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>Fred.</i> Middle <i>Joseph</i> Last <i>Uhl.</i>			4. DATE OF DEATH Month <i>Nov.</i> Day <i>18</i> Year <i>1959</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>May 27 - 1880</i>	9. AGE (last birthday) <i>79</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) <i>farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>General</i>	11. BIRTHPLACE (City and state or country) <i>Toledo Ohio</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13. FATHER'S NAME <i>Joseph Uhl</i>		13b. MOTHER'S MAIDEN NAME <i>Maria - ?</i>		14. NAME OF HUSBAND OR WIFE <i>Emma Uhl.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <del>or</del> unknown) (If yes, give year or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>486-03-2769</i>		17. INFORMANT Address <i>Emma Uhl. Parkville, Mo. RFD 4.</i>	

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) <i>Cardiac arrest. (Probable coronary occlusion)</i>			<i>30 minutes</i>
DUE TO (b) <i>Coronary arteriosclerosis</i>			<i>10 years</i>
DUE TO (c) <i>Generalized Arteriosclerosis</i>			<i>15-20 years</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Benign Prostatic Hypertrophy</i>			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 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 <i>10-6-59 to 11-18-59</i>	COUNTY <i>Platte</i>	STATE <i>Mo</i>
21. I attended the deceased from <i>3:10 P</i> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <i>James E. ...</i>	(Degree or title)	22b. ADDRESS <i>4030 N Oak KC 16 Mo</i>	22c. DATE SIGNED <i>11-20-59</i>
23. BURIAL, CREMATION, or other disposition (Specify) <i>Nov 22 - 59</i>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <i>St Matthew</i>	23d. LOCATION (City, town, or county) (State) <i>Parkville Mo</i>

24. FUNERAL DIRECTOR <i>Claud Francis</i>	ADDRESS <i>Parkville Mo</i>	25. DATE RECD. BY LOCAL REG. <i>11-20-59</i>	26. REGISTRAR'S SIGNATURE <i>Marguerite Hudgens</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 30 1962

**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 *Leland H. Francis*  
*401 main.*

Licensed Embalmer No. *3451*

P. O. Address *Parkville*

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.