

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'59 044687

STATE FILE NUMBER

FILED VS JAN 11 1960

Registration District No.

184

Primary Registration District No.

3038

Registrar's No.

146

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY Linn			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Linn		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brookfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Purdin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cramer Rest Home		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First William Middle Thomas Last Urbach			4. DATE OF DEATH Month 12 Day 30 Year 59		
5. SEX m.	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4/7/1887	9. AGE (In years and months) 72 Months 0 Days 0 Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Merchant		11. BIRTHPLACE (City and state or country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Charles Urbach		13b. MOTHER'S MAIDEN NAME Huldah Gibson	
14. NAME OF HUSBAND OR WIFE Anna Urbach		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Anna Urbach		Address Purdin, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thrombosis DUE TO (b) Cerebral vascular accident DUE TO (c) Generalized arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis	
INTERVAL BETWEEN ONSET AND DEATH 2 wks.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" 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 —		COUNTY — STATE —	
21. I attended the deceased from 7-22-58 to 12/30/59 and last saw her alive on 12/30/59 . Death occurred at 1:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE S. W. Schubert M.D. (Degree or title)		22b. ADDRESS Brookfield Mo	
22c. DATE SIGNED 12/31/59		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/1/60	
23c. NAME OF CEMETERY OR CREMATORY Purdin		23d. LOCATION (City, town, or county) Purdin Mo.		(State)	
24. FUNERAL DIRECTOR Wade Funeral Home		ADDRESS Browning		25. DATE RECD. BY LOCAL REG. 1-2-60	
26. REGISTRAR'S SIGNATURE Katharine Johnson					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

The funeral director is responsible for the proper completion of the entire certificate. This includes securing the medical certification in the specific manner required by 193.140 MoRS 1949.

JAN 14 1960

APR 7 1960

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 *Gerald F. Seal*

Licensed Embalmer No. *4172*

P. O. Address... *Browning*

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.