

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-037467

FILED VS NOV 7 1960

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 608

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Boone</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Boone</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Boone County Hospital</u>		Length of stay in lb <u>36 Years</u>		c. CITY OR TOWN <u>Columbia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>921 College Ave.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>ANDREW</u>		Middle <u>W.</u>		Last <u>UREN</u>		Month Day Year <u>October 30, 1960</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>6-5-1891</u>	9. AGE (last birthday) <u>69</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Professor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Professor</u>		11. BIRTHPLACE (City and state or country) <u>Iron Mountain, Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William J. Uren</u>			13b. MOTHER'S MAIDEN NAME <u>Nellie Young</u>			14. NAME OF HUSBAND OR WIFE <u>Carol Voos</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>495-36-2209</u>		17. INFORMANT Address <u>Mrs. Andrew W. Uren, Columbia, Mo.</u>			
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 <u>INSTANTANEOUS</u>	
IMMEDIATE CAUSE (a) <u>CARDIAC ARREST</u>							
DUE TO (b) <u>Coronary occlusion</u>							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>ANEMIA, Severe</u> <u>ASTHMA, Bronchial, Severe</u>						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 <u>1952</u> to <u>DATE</u> and last saw him alive on <u>oct 30, 1960</u> Death occurred at <u>8 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Charles A. Keech M.D.</u>				22b. ADDRESS <u>Columbia, Mo</u>			22c. DATE SIGNED <u>10-31-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-2-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem</u>		23d. LOCATION (City, town, or county) <u>Columbia, Mo.</u>		(State)	
24. FUNERAL DIRECTOR ADDRESS <u>Parker Funeral Service, Columbia, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>Nov. 1 1960</u>	26. REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 6 1961

NOV 10 1961

MAR 7 1961

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Donald L Roberts*

Licensed Embalmer No. *4723*

P. O. Address *Columbia*

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.