MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-030109

STATE FILE NUMBER

AMENDED

Registration District No. 209 Primary Registration District No. _____ Registrar's No. 31

FILED SEP 11 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Philadelphia — Length of stay in 1b: 3 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Union Township — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Marion
c. CITY OR TOWN: Philadelphia — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Union Township — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Everett Middle: E. Last: Uhland

4. DATE OF DEATH: Month 8 Day 28 Year 61

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-12-02
9. AGE (last birthday): 59 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Liberty, Ill
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Chris J. Uhland
13b. MOTHER'S MAIDEN NAME: Lucetta White
14. NAME OF HUSBAND OR WIFE: Trecie Uhland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT: Trecie Uhland — Address: Philadelphia, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Abdomen crushed — INTERVAL BETWEEN ONSET AND DEATH: immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):
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.) Tractor overturned pinning patient to creek bed. Was inspecting farm fences.
20c. TIME OF INJURY: 10 Hour a.m. ~~p.m.~~ Month, Day, Year: 8 28 61
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.): Farm
20f. CITY, TOWN, OR LOCATION: 2 mi west of Philadelphia — COUNTY: Marion — STATE: Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Henry H Sweets Jr MD Coroner
22b. ADDRESS: Hannibal Mo
22c. DATE SIGNED: 8/30/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 8-31-1961
23c. NAME OF CEMETERY OR CREMATORY: Akers Chapel Cem.
23d. LOCATION (City, town, or county) (State): Hull, Ill.

24. FUNERAL DIRECTOR — ADDRESS: Clark Funeral Home - Hannibal, Mo.
25. DATE RECD. BY LOCAL REG.: 9-1-61
26. REGISTRAR'S SIGNATURE: Dr. E. M. Lurke, By Viola Gees, Deputy

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph Clark

Licensed Embalmer No. 4217

P. O. Address Hannibal, 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.