

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014998

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 138 Primary-Registration District No. 5521 Registrar's No. 79

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 2-1962

1. PLACE OF DEATH a. COUNTY <u>Hickory</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hermitage</u>		Length of stay in 1b <u>8 years</u>	c. CITY OR TOWN <u>Hermitage</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>N.E. Hermitage</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>N.E. Hermitage</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Crissie Urie</u>			4. DATE OF DEATH Month Day Year <u>April 15-1962</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-10-98</u>	9. AGE (last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>5</u> Hours <u></u> Min. <u></u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Newton Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
--	--	--	--

13a. FATHER'S NAME <u>Marcus Walker</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Saep</u>	14. NAME OF HUSBAND OR WIFE <u>Addison Urie</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Mrs. Claude Bybee - Preston, 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
IMMEDIATE CAUSE (a) <u>Coronary embolus</u>		<u>7 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Unknown</u>	
	DUE TO (c) <u>None</u>	

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. <input type="checkbox"/> Yes <input checked="" 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 checked="" 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>April 10-62</u> to <u>April 15-62</u> and last saw her alive on <u>April 14-62</u>	
Death occurred at <u>7:20 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>C. W. Bailey Do</u>	22b. ADDRESS <u>Libana Mo</u>	22c. DATE SIGNED <u>4/19/62</u>
--	----------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-18-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Little Ninque Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Preston, Mo</u>
--	-----------------------------	---	---

24. FUNERAL DIRECTOR ADDRESS <u>Richard Hathaway - Ashland, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>4-23-1962</u>	26. REGISTRAR'S SIGNATURE <u>May Johnson</u>
--	--	---

(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59
10430
204302
3
4 1
5 2
6
7 0
8 2
94201
10
11
1290-2
13 1-0

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

MAY 22 1962

MAY 4 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 Chas Gilbert Peckham

Licensed Embalmer No. 4267

P. O. Address Edgewater, Md.

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.