

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-025703

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 328 Primary Registration District No. 4488 Registrar's No. 38

FILED JUL 11 1962

VS 300
Rev. 4/59

1 1000
2 1000
3 2
4 0
5 1
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7 0
8 2
9 4200
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11
12 90-2
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Scott</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Scott City</u> | | Length of stay in 1b <u>41 yrs.</u> | c. CITY OR TOWN <u>Scott City</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>Keely St</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 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 <u>PHILIP</u> Middle <u>(N.M.N.)</u> Last <u>UHRHAN</u> | | | 4. DATE OF DEATH Month <u>July</u> Day <u>2</u> Year <u>1962</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Feb 19, 1898</u> |
| 9. AGE (last birthday) <u>64</u> | | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | IF UNDER 24 HR Hours <u> </u> Min. <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Machinist Helper</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Rail Road</u> | 11. BIRTHPLACE (City and state or country) <u>New Hamburg, Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | 13. FATHER'S NAME <u>Jacob Uhrhan</u> | |
| 14. MOTHER'S MAIDEN NAME <u>Patheine Klaus</u> | | 15. NAME OF HUSBAND OR WIFE <u>Katie Felter Uhrhan</u> | |
| 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 17. SOCIAL SECURITY NO. <u>Don't know</u> | 18. INFORMANT <u>Mrs Katie Uhrhan</u> Address <u>Scott City, Mo.</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> DUE TO (b) <u>Coronary thrombosis</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH <u>10 Min</u> <u>10 Min</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 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 <u> </u> Minute <u> </u> p.m. <u>None</u> | 20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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>7-2-62</u> to <u>7-2-62</u> and last saw him alive on <u>7-2-62</u> Death occurred at <u>3:10 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22. SIGNATURE (Degree or title) <u>Marshall June M.D. Illno mo</u> | | 22b. ADDRESS | 22c. DATE SIGNED <u>7-3-62</u> |
| 23. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u> | 23b. DATE <u>7/5/62</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>St Joseph's Cem</u> | 23d. LOCATION (City, town, or county), <u>Illno Missouri</u> |
| 24. FUNERAL DIRECTOR <u>BISPLINGHOFF FUNERAL HOME</u> | | 25. DATE RECD. BY LOCAL REG. <u>July 6-62</u> | 26. REGISTRAR'S SIGNATURE <u>Mrs Fred Bisplinghoff</u> |

JUL 12 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: _____

Oliver C. Ammit

Licensed Embalmer No. _____

4470

P. O. Address _____

Illmo. 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.