

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-027661

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 152

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

0535
2530

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED AUG 13 1962

1. PLACE OF DEATH
a. COUNTY **Laclede**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Lebanon** Length of stay in 1b **—**

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Louise G. Wallace** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY **Laclede**

c. CITY OR TOWN **Lebanon** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **Route #4** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Fred** Middle **Uder** Last **Uder** 4. DATE OF DEATH Month **Aug.** Day **3** Year **1962**

5. SEX **male** 6. COLOR OR RACE **white** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **2-22-02** 9. AGE (last birthday) **60** 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) **farmer** 10b. KIND OF BUSINESS OR INDUSTRY **farming** 11. BIRTHPLACE (City and state or country) **Illinois** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Edward Uder** 13b. MOTHER'S MAIDEN NAME **Archibold** 14. NAME OF HUSBAND OR WIFE **Erma Uder**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no none** 16. SOCIAL SECURITY NO. **—** 17. INFORMANT **Mike Uder, Rt. #4, Lebanon, Mo.** Address **—**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Bronchiogenic Carcinoma, left lung, 10 mos**
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.) **—**

20c. TIME OF INJURY Hour **—** Month, Day, Year **—** a.m. **—** p.m. **—**

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.) **—** 20f. CITY, TOWN, OR LOCATION **Lebanon** COUNTY **Laclede** STATE **Mo.**

21. I attended the deceased from **July 18 1962** to **Aug 3, 1962** and last saw him alive on **Aug 2 1962**
Death occurred at **7:30 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **L.H. Johnson** (Degree or title) **MD** 22b. ADDRESS **Lebanon, Mo** 22c. DATE SIGNED **8-5-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 23b. DATE **8-5-62** 23c. NAME OF CEMETERY OR CREMATORY **Lillard Cemetery** 23d. LOCATION (City, town, or county) (State) **Lebanon, Laclede Co., Mo.**

24. FUNERAL DIRECTOR **J.J. Shadel** ADDRESS **Lebanon, Mo.** 25. DATE RECD. BY LOCAL REG. **8-5-1962** 26. REGISTRAR'S SIGNATURE **Hella B. Ray**

USE BLACK INK OR TYPEWRITER RIBBON

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 _____

Licensed Embalmer No. 5115

P. O. Address Springfield, 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.

Permit issued 8-5-1962 W. L. N. 10