Refer No.   42   PRIMARY REC. DIST. NO.   1000   Repitrar's No.   249	FILED MAR 1	2 <b>1956</b>	STANDARD (		ICATE OF D		Stat	r Filc No	3926
Buchanan  b. CITY (If outside corpuste limits, write RUNAL and drive township)  b. CITY (If outside corpuste limits, write RUNAL and drive township)  b. CITY (If outside corpuste limits, write RUNAL and drive township)  b. CITY (If outside corpuste limits, write RUNAL and drive township)  b. CITY (If outside corpuste limits, write RUNAL and drive township)  c. CLAN)  c. CLAN)  c. FULL NAME OF (If set is beptical or lastitution, size stress defines or lossifical)  d. FULL NAME OF (If set is beptical or lastitution, size stress defines or lossifical)  c. CLAN)  c. FULL NAME OF (If set is beptical or lastitution, size stress defines or lossifical)  c. FULL NAME OF (If set is beptical or lastitution, size stress defined are lossifical)  c. FULL NAME OF (If set is beptical or lastitution, size stress defined are lossifical)  c. FULL NAME OF (If set is beptical or lastitution, size stress defined are lossifical)  c. FULL NAME OF (If set is beptical or lastitution, size stress or lossifical)  c. FULL NAME OF (If set is beptical or lastitution, size stress or lossifical)  c. FULL NAME OF (If set is beptical)  c. FULL NAME OF (If set is beptical)  c. FULL NAME OF (If set is beptical)  c. CLASS)  c. CLASS (If set is set is least or foreign construction of the set is least or set is least or set is least or set is least or foreign construction of the set is least or set	BIRTH NO		_ REG. DIST. NO	42	PRIMARY REG. DIS	sт. но. <u>1</u>	000		249
D. CITY UI decide corrective limits, write RURAL and drive OR TOWN St. Joseph control of CR			ian		a. STATE	_		UNTY _	_ admissio
d. FULL NAME OF MOSPITAL ON TO SO. 17th St.    STREET   ADDRESS   CLASH   ADDRESS	_OR		township) STAY	(in this place)	OR	. Josep	h		
DATE OF PRINT ALETHA  CLED  CL	d. FULL NAME OF (	If not in hospital or in	astitution, give street address		. STREET	(If rurs)	, give location)	t.	01170
SEX		a. (First)	b. (Middle		•	102 20	4. DATE OF	(Month)	
USUAL OCCUPATION (Givented of works and discontinuous design mount of working life, were lif redired)  USUAL Proprietor  FATHER'S NAME  Wayne Urquhart  Sas Deceased ever in u. S. Armed Forces; 13b. Mother's Maiden Name  Emma Mason  Mas Deceased ever in u. S. Armed Forces; 16. Social. Security 17. Informant's Signature or Name  Mayne Urquhart  Emma Mason  Mas Deceased ever in u. S. Armed Forces; 16. Social. Security 17. Informant's Signature or Name  Mayne Urquhart  Emma Mason  Mas Deceased ever in u. S. Armed Forces; 16. Social. Security 17. Informant's Signature or Name  Mayne Urquhart  Emma Mason  Mas Deceased ever in u. S. Armed Forces; 16. Social. Security 17. Informant's Signature or Name  Mayne Urquhart  Emma Mason  Medical Certification  Medical Certification  Information or Make 17. Informant's Signature or Name  Morbid conditions, if one, cicing Due to (b) Alamid as an unatural death  Morbid conditions, if one, cicing Due to (c) M. M. C. M. M. M. M. C. M.	<del></del>						9. AGE (In ye	ATO IF UNDER	YEAR   SF UNDER M HE
TATHER'S NAME  I. FATHER'S NAME  I. SALE STORTHER'S NAME  I. SALE STORTHER OR NAME  I. SALE STORTHER OR NAME  ADDRESS  II. SOLID SECURITY  II. INFORMANT'S SIGNATURE OR NAME  ADDRESS  II. SOLID SECURITY  III. INFORMANT'S SIGNATURE OR NAME  ADDRESS  II. O' Wells, 2822 Sacramento, St. Joseph,  II. DISEASE OR CONDITION  DIRECTLY LEADING TO DEATH'(e)  ANTECEDENT CAUSES  AOTHER SIGNIFICANT CONDITIONS  DUE TO (e)  ANTECEDENT CAUSES  DUE TO (e)  ACCIDENT  III. O'HER SIGNIFICANT CONDITIONS  DUE TO (e)  ACCIDENT (Byeelly)  ACCIDENT	. USUAL OCCUPATIO	N (Give kind of work	widowed	S OR IN-			63	_	12. CITIZEN OF WH
Wayne Urquhart  WAS DECEASED EVER IN U. S. ARMED FORCES?  IG. SOCIAL SECURITY  IT. INFORMANT'S SIGNATURE OR NAME  ADDRES  ADDRESS  ADDRES	t.Proprieto		<del>'</del>	•	\ <u>.</u>	, Nebra	ska		
WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY  497-30-5572  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  DIRECTLY LEADING TO DEATH  17. INFORMANT'S SIGNATURE OR NAME  MEDICAL CERTIFICATION  DIRECTLY LEADING TO DEATH  18. G. Wells, 2822 Sacramento, St. Joseph,  MEDICAL CERTIFICATION  DIRECTLY LEADING TO DEATH  18. Of the convenience of dying, such  the state of dying, such  the state of dying, such  the underlying couse last.  18. It means the dist.  18. It means the dist.  19. MAJOR FINDINGS OF OPERATION  DUE TO (c) IM. We Cut,  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not  related to the disease or conditions contributing to the death but not  related to the disease or condition counting death.  A. DATE OF OPERA-  TION  19. MAJOR FINDINGS OF OPERATION  19. MAJOR		rouhart	, }			14. NA			
CAUSE OF DEATH ter cally one course per for (a), (b), and (c)  This does not meen mode of dying, such ceat fallure, estheria, il means the dist, injury, or complicate which coused death.  DATE OF OPERATION  DATE OF OPERATION  DATE OF OPERATION  ACCIDENT  IN MEDICAL CERTIFICATION  ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b) Alanua a.a. an unattended death rise to the above cause (a) stating the underlying cause tast.  DUE TO (c) (ii) Whe cut of the underlying cause tast.  DUE TO (c) (ii) Whe cut of the cause of the underlying cause tast.  DUE TO (c) (ii) Whe cut of the cause of the death but not related to the disease or condition causing death.  DATE OF OPERATION  DATE OF OPERATION  ACCIDENT  TION  ACCIDENT  (Moouth) (Day) (Year) (Hour)  OF  INJURY  DIAGRAM  AND PROVINGENT OF THE WORK AT WORK AT WORK AT WORK AND	WAS DECEASED EVE	R IN U.S. ARMED F	FORCES? 16. SOCIAL :	SECURITY NO.	17. INFORMAN				ADDRESS
Morbid conditions, if any, giring DUE TO (b) Alghid and an unattended friet to the above cause (a) stating the underlying cause last.  Morbid conditions, if any, giring DUE TO (b) Alghid and an unattended friet to the above cause (a) stating the underlying cause last.  DUE TO (c) W. We C	8. CAUSE OF DEATH Enter only one cause per	I. DISEASE OR CO	ONDITION ME				Jim)		INTERVAL BETWEEN ONSET AND DEATH
Pa. DATE OF OPERATION	he mode of dying, such is heart failure, asthenia, ic. It means the dis- ase, injury, or complica-	Morbid conditions rise to the above co the underlying cau	s, if any, giving DUE TO ( nuse (a) stating (se last. DUE TO (		the city	Junat	tinded Jeseph	death	•
21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE   21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)   21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   21c. TIME (Mouth) (Day) (Year) (Hour)   21e. INJURY OCCURRED WHILE AT WORK   NOT WHILE WORK		related to the diseas	se or condition causing deatl	<b>.</b>			570	25	1
216. TIME (Mouth) (Day) (Year) (Hour) 216. INJURY OCCURRED OF INJURY OCCUR?  WHILE AT NOT WHILE AT NOT WHILE AT WORK A	Ia. ACCIDENT SUICIDE HOMICIDE				21c. (CITY, TOWN,	OR TOWNSHI			• • • • • • • • • • • • • • • • • • • •
2. I hereby certify that I attended the deceased from 3-3, 19 Se, to , 19 , that I lest saw the deceased alive on , 19 , and that death occurred at 7:30 m., from the causes and on the date stated above.  3a. SUSNATURE  (Description of tipe) 25b. ADDRESS  (Description of tipe) 25b. ADDRESS  (As. BURIAL. CREMA) 24b. DATE  (As. BURIAL. CREMA) 24b. DATE  (24c. NAME OF CEMETERY OR CREMATORY 24c) LOCATION (Oity, town, or county)  (Statement of the causes and on the date stated above.  25c. DATE SIGNATURE  (Statement of the causes and on the date stated above.  26c. DATE SIGNATURE  (Statement of the causes and on the date stated above.  27c. DATE SIGNATURE  (Statement of the causes and on the date stated above.  27c. DATE SIGNATURE  27c. NAME OF CEMETERY OR CREMATORY  27c. NAME OF C	ld. TIME (Month)	(Day) (Year) (	WHILE AT [""] NOT	TWHILET -	21f. HOW DID INJU	JRY OCCUR?			
As BURIAL, CREMA- TON REMOVAL (Broots)  240. DATE OF LEMETERY OR CREMATORY  241. DATE OF LEMETERY OR CREMATORY  242. NAME OF LEMETERY OR CREMATORY  243. LOCATION (Otty, town, or county)  244. NAME OF LEMETERY OR CREMATORY  245. LOCATION (Otty, town, or county)  255. FUNERAL DIRECTOR'S SIGNATURE  266. DATE SIGNATURE  276. D	<i>-</i>		he deceased ferm			n the cause			<del>reaw</del> ine aecease
DUTIAL REMOVAL (Speedly) 3/5/1956   Memorial Park Cemetery   St. Joseph Missouri  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 495; 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Kichay	Dhan	in Mil ferest	of West	23b. ADDRESS	Lugens	Bldg. 21	6. City	23c. DATE SIGNEI 3-3-5Z
REG 1	4a. BURIAL, CREMA TION REMOVAL (Boodly) DUFIAL	24b. DATE ()   3/5/1956	•		Cemeterv	St. J	osenh. M	issour	<u>i</u>
	REG		SIGNATURE.	485;	Leston	- Bre	SI GNÄTURE	SA	prent

## STATEMENT BY LICENSED EMBALMER

	I here	by certify	that the	body	whose	name	is	recorded	on	the	reverse	side	oi ti	nı s	certificate	was	emba
by n	ne, or b	у			• • • • • • • • • • • • • • • • • • • •	· · · · · · · · ·	. <b></b> .		• • • • •		••••••	., Stı	ıdent	E E	mbalmer N	o	

working under my personal supervision.

on..

Signed Billie C. Londen

Signature of Student Embalmer

Licensed Embalmer No 18.0.

P. O. Address 19.16.18.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail

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.