

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41610
Registrar's No. 6

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4285

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lewis	
b. CITY (If outside corporate limits, write RURAL and give township) Lewistown		c. CITY (If outside corporate limits, write RURAL and give township) Lewistown	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) Frank c. (Last) Uht.			4. DATE OF DEATH (Month) (Day) (Year) Oct. 30 1949		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH April 28 1863		9. AGE (In years last birthday) 86		10. IF UNDER 1 YEAR Months 6 Days 2	
11. BIRTHPLACE (State or foreign country) Adams County Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Retail Salesman			

13a. FATHER'S NAME John C. Uht.		13b. MOTHER'S MAIDEN NAME Martha Sifforth		14. NAME OF HUSBAND OR WIFE Clara Alice Prouty.	
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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. none		17. INFORMANT'S SIGNATURE OR NAME Marshall ADDRESS Mo. Lewistown	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 33IX	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural Causes		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Lewistown Lewis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carl A. Barkley Coroner		23b. ADDRESS Clinton Missouri		23c. DATE SIGNED 11-1-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/2/49		24c. NAME OF CEMETERY OR CREMATORY LEWISTOWN MO		24d. LOCATION (City, town, or county) (State) LEWISTOWN MO	
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DATE REC'D BY LOCAL REG. 11-1-49		REGISTRAR'S SIGNATURE P. H. Jennings		25. FUNERAL DIRECTOR'S SIGNATURE Samuel A. Coder ADDRESS Lewistown Mo	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

5600

56010

DEC 27 1949

RECEIVED DEC 1 1949
District Health Officer No. 10
District File Number 12-49-21
Date Filed DEC 1 1949

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 Myself

Student Embalmer No. _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed James Aloder
Licensed Embalmer No. 2532

P. O. Address Lewistown Pa

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 this body is not embalmed, fact should be so stated above.