

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11701**

No. 300
10.48

FILED APR 8 1952

BIRTH NO. _____ REG. DIST. NO. **381** PRIMARY REG. DIST. NO. **6111** Registrar's No. **60**

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Commerce R.R. #1		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Commerce Route #1	
c. LENGTH OF STAY (In this place) 11 yrs		1000	
d. FULL NAME OF HOSPITAL OR INSTITUTION Commerce R. R. #1		d. STREET ADDRESS (If rural, give location) Commerce Route #1	

3. NAME OF DECEASED (Type or Print) a. (First) Michael b. (Middle) Simon c. (Last) Urhahn	4. DATE OF DEATH (Month) (Day) (Year) March 16, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10/28/1900	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	Hours	Min.
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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 (State or foreign country) New Hamburg, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Jacob Urhahn	13b. MOTHER'S MAIDEN NAME Katherine Glover	14. NAME OF HUSBAND OR WIFE Caroline Urhahn
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY (If yes, give war or dates of service) 702-07-3179	17. INFORMANT'S SIGNATURE OR NAME Mrs. Caroline Urhahn	ADDRESS Commerce Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 3 days 6 mos
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolus		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic cardiac-vascular disease DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4221			

19a. DATE OF OPERATION 28 Dec 51	19b. MAJOR FINDINGS OF OPERATION Bleeding left leg due to embolus of popliteal artery	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g. home, farm, factory, street, office, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Oct 1951** to **16 Mar, 1952**, that I last saw the deceased alive on **16 Mar, 1952**, and that death occurred at **6:05 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lt. Hugh V. Ashley, Jr. M.D.	23b. ADDRESS Cape Girardeau Mo.	23c. DATE SIGNED 24 Mar 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/20/52	24c. NAME OF CEMETERY OR CREMATORY St. Dennis	24d. LOCATION (City, town, or county) (State) Benton Mo.
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DATE REC'D BY LOCAL REG. Mar-27-52	REGISTRAR'S SIGNATURE Mr. Addie Harris	395	25. FUNERAL DIRECTOR'S SIGNATURE Earl J. Smith	ADDRESS Oran, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 15 1952

RECEIVED MAR 31 1952
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 352-92

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
Student Embalmer

Signed _____

E. J. Smith

Licensed Embalmer No. 2676

P. O. Address Orew, 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 this body is not embalmed, fact should be so stated above.