

FILED MAY 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13374
Registrar's No. 7501

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5582

20
Return
496
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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Jasper | | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Missouri b. COUNTY Jasper | |
| b. CITY (If outside corporate limits, write RURAL and give township) Rural Jackson | | c. CITY (If outside corporate limits, write RURAL and give township) Rural Jackson | |
| c. LENGTH OF STAY (In this place) 1 wk. | | d. STREET ADDRESS (If rural, give location) Carthage, Mo. R.F.D. # 4 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Carthage, Mo. R.F.D. # 4 | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Emily b. (Middle) Elizabeth c. (Last) Uber | | | 4. DATE OF DEATH (Month) (Day) (Year) April 29, 1952 | | |
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|------------------|--|---------------------------|--|---|--|----------------------------------|--|---------------------------------------|--|---|--|
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Oct. 8, 1911 | | 9. AGE (In years last birthday) 41 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | |
|------------------|--|---------------------------|--|---|--|----------------------------------|--|---------------------------------------|--|---|--|

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|--|--|-----------------------------------|--|---|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Bolivar, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
|--|--|-----------------------------------|--|---|--|--|--|

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME Thomas W. Taylor | | 13b. MOTHER'S MAIDEN NAME Sarah E. Pinkly | | 14. NAME OF HUSBAND OR WIFE W. Marvin Uber | |
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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. Yes | | 17. INFORMANT'S SIGNATURE OR NAME M. Marvin Uber, Carthage, Mo. | | ADDRESS | |
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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 10 yrs | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tubercular Heart Disease | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic fever | | | | DUE TO (c) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |

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|------------------------|--|----------------------------------|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
|------------------------|--|----------------------------------|--|--|--|

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|--|--|--|--|---|--|
| 21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
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|---|--|--|--|----------------------------|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 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 4-14, 1952, to 4-29, 1952, that I last saw the deceased alive on 4-28, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

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|---|--|--|--|-----------------------------|--|
| 23a. SIGNATURE <i>M. Marvin Uber</i> | | 23b. ADDRESS 304 Shaw Carthage, Mo. | | 23c. DATE SIGNED 4-29-52 | |
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|---|--|-----------------------|--|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 5/1/1952 | | 24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery | | 24d. LOCATION (City, town, or county) (State) Carthage, Missouri | |
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| DATE REC'D BY LOCAL REG. 4/30/52 | | REGISTRAR'S SIGNATURE <i>L. S. Clenton, MD</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE Illmer Funeral Home Carthage, Mo. | | ADDRESS | |
|-------------------------------------|--|---|--|---|--|---------|--|

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 5-8-52
Jasper County Health Office

County File Number 52/5/346

Date Filed 5-9-52

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 Ray B. Rose

Licensed Embalmer No. 4779

P. O. Address Carthage, 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.