

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **23727**

No. 300  
v. 10.48

**FILED** AUG 11 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **830**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	
c. LENGTH OF STAY (In days) <b>38 years</b>		d. STREET ADDRESS (If rural, give location) <b>701 S. 17th St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>701 S. 17th St.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Wayne</b> b. (Middle) <b>R.</b> c. (Last) <b>Urquhart</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August 3, 1952</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED <b>widowed</b>	8. DATE OF BIRTH <b>March 27, 1863</b>	9. AGE (In years last birthday) <b>89</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>coal company</b>		11. BIRTHPLACE (State or foreign country) <b>Ohio</b>	
13a. FATHER'S NAME <b>Moses H. Urquhart</b>			13b. MOTHER'S MAIDEN NAME <b>Nancy Kibble</b>		14. NAME OF HUSBAND OR WIFE <b>Emma</b>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Aethia Wells, 701 S. 17th St. Joseph, Mo.</b>			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Heat Prostration</b>		INTERVAL BETWEEN ONSET AND DEATH <b>30 days</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>General Arteriosclerosis</b>			5 years (est)
	DUE TO (c) <b>Senility</b>			
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 <b>4500</b>	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., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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?

22. I hereby certify that I ~~attended~~ <sup>viewed</sup> the deceased ~~born on~~ <sup>on</sup> **8/4/1862**, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **4:40 p.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>H. F. Mundy, M.D. (Coroner)</b>		23b. ADDRESS <b>St. Joseph, Mo.</b>		23c. DATE SIGNED <b>8/4/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>8/5/1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>August 7, 1952</b>	REGISTRAR'S SIGNATURE <b>Carl P. Cash</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Heaton-Bowman Funeral Home St. Joseph, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

