

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 5192 Registrar's No. 184

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Combs twp</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Carrollton</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>semi. E. of Carrollton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>301 E. First</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CHARLES</u>	b. (Middle) <u>ALBERT</u>	c. (Last) <u>UHRIG</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 17 1954</u>
-------------------------------------	---------------------------	---------------------------	------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 3, 1872</u>	9. AGE (in years last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 622 Hours _____ Mins. _____
--------------------	-------------------------------	---	--------------------------------------	---	---	--------------------------------------

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	--	--

13a. FATHER'S NAME <u>Louis Uhrig</u>	13b. MOTHER'S MAIDEN NAME <u>Louisa Eselgroth</u>	14. NAME OF HUSBAND OR WIFE <u>Ruby H. Uhrig</u>
---------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nelson Uhrig</u>	ADDRESS <u>Carrollton Mo</u>
--	-------------------------------------	---	------------------------------

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		<u>1 yr.</u>
	ANTECEDENT CAUSES. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, generalized</u> DUE TO (c) _____		<u>6 yr.</u>
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"/>
------------------------	----------------------------------	--

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 the deceased from Jan 1, 1947, to June 17, 1954, that I last saw the deceased alive on June 1, 1954, and that death occurred at 6 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>John H. Platz</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Carrollton, Mo</u>	23c. DATE SIGNED <u>6/19/54</u>
---	------------------------------------	---------------------------------

24a. BURIAL, CREMATION REMOVAL <u>Burial</u>	24b. DATE <u>6-20-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo.</u>
--	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>6/20/54</u>	REGISTRAR'S SIGNATURE <u>Miss Verber Calcutt</u>	45- <u>1</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Gibson</u>	ADDRESS <u>Carrollton Mo</u>
---	--	--------------	--	------------------------------

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

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.....
Signature of Student Embalmer

Signed *Ben W Gibson*

Licensed Embalmer No. *296*

P. O. Address *Carrollt*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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