

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

LEMMON
State File No. 40663

FILED DEC 27 1954

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1146

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>	
b. CITY OR TOWN <u>SPRINGFIELD</u>		c. CITY OR TOWN <u>SPRINGFIELD</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>4 DAYS</u>		e. STREET ADDRESS (if rural, give location) <u>1021 E. NORMAL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BAPTIST HOSP.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>IVAN</u>	b. (Middle) <u>A.</u>	c. (Last) <u>UHR</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>DEC. 19 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>JULY 5 1883</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED SIGNAL ENGINEER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FRISCO R.R.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ATLANTA, ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>JOSEPH A. UHR</u>	13b. MOTHER'S MAIDEN NAME <u>MARY HUY</u>	14. NAME OF HUSBAND OR WIFE <u>PEARL UHR</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>?</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. PEARL UHR</u>	ADDRESS <u>SPRINGFIELD, MO.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction, acute</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Atherosclerotic heart disease.</u>		
	II. OTHER SIGNIFICANT CONDITIONS DUE TO (c) <u>Stokes-Adams attacks.</u>		"

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)	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) (Min.)	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 12-19, 1954, to 12-19, 1954, that I last saw the deceased alive on 12-19, 1954, and that death occurred at 10:30, from the causes and on the date stated above.

23a. SIGNATURE <u>S. Blenmon</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Springfield, Mo.</u>	23c. DATE SIGNED <u>12-20-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-21-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>EASTLAWN</u>	24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD, MO.</u>
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DATE REC'D BY LOCAL REG. <u>12-21-54</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>SPRINGFIELD, MO.</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

No. 300
10-48

DEC 20 1955

JAN 20 1955

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: *R. M. C.*

Licensed Embalmer No. *272*

P. O. Address *Springfield*

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.