

FILED MAR 14 1955

STANDARD CERTIFICATE OF DEATH

State File No. **5508**BIRTH NO. _____ REG. DIST. NO. 183 PRIMARY REG. DIST. NO. 4297 Registrar's No. 3-1953

1. PLACE OF DEATH a. COUNTY <u>Linn</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Purdin</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Purdin</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION			e. STREET ADDRESS (If rural, give location) <u>0580</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Cora</u>	b. (Middle) <u>W</u>	c. (Last) <u>Urbach</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-6-55</u>			
5. SEX <u>fe</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 5, 1881</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>			
13a. FATHER'S NAME <u>N. S. Chambers</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Steiner</u>		14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Churchill Urbach</u>			ADDRESS <u>Purdin</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive Heart disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>				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) (Min.)	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 <u>March 1</u> , 19 <u>55</u> , to <u>March 6</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>March 6</u> , 19 <u>55</u> , and that death occurred at <u>9:55</u> <u>am</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>J. R. McIntire</u> <u>O.M.D.</u>		23b. ADDRESS <u>Browning, Mo.</u>		23c. DATE SIGNED				
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>3-8-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Purdin</u>	24d. LOCATION (City, town, or county) (State) <u>Purdin, MO</u>					
DATE REC'D BY LOCAL REG. <u>3-11-1955</u>	REGISTRAR'S SIGNATURE <u>Elva Crookshank</u> <u>116650</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wade Funeral Home</u> <u>Browning, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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 *Gerald I. Wade*.....

Licensed Embalmer No. *41*.....

P. O. Address *Brown*.....

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.