

FILED JAN 21 1957

## STANDARD CERTIFICATE OF DEATH

State File No. 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5695 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe - Rural - Creola Twp		c. CITY OR TOWN Chillicothe R#5	
c. LENGTH OF STAY (in this place) Lifetime		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 1/2 Mi S.W. Chula		e. STREET ADDRESS (If rural, give location) 3 1/2 Mi S.W. Chula 0590	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Uhrmacher c. (Last) Uhrmacher			4. DATE OF DEATH (Month) (Day) (Year) February 13 1957		
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5. SEX Male <input type="checkbox"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH February 16 1866		9. AGE (In years last birthday) 90		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 1 HR. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farm				11. BIRTHPLACE (City and State or Foreign Country) Houston, TEXAS				12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Nicholas Uhrmacher			13b. MOTHER'S MAIDEN NAME Catherine Carbaugh			14. NAME OF HUSBAND OR WIFE Jesse Uhrmacher		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No <input checked="" type="checkbox"/>			16. SOCIAL SECURITY NO. None			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sergeant J. York - Chillicothe Mo		

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Tubercular Bronchial						INTERVAL BETWEEN ONSET AND DEATH 1 day	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						2 week	
		DUE TO (b) Cerebral Embolus							
		DUE TO (c)							
		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 332x				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) (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 Jan 10, 1957, to Jan 13, 1957, that I last saw the deceased alive on Jan 12, 1957, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph A. Conrad M.D.		23b. ADDRESS Chillicothe, Mo		23c. DATE SIGNED Jan 14-57	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 15 1957		24c. NAME OF CEMETERY OR CREMATORY Plainview Cemetery		24d. LOCATION (City, town, or county) (State) Chula Mo	
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DATE REC'D BY LOCAL REG. Jan -14-57		REGISTRAR'S SIGNATURE Frances P. Neel		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Robertson Funeral Home Chula Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

710

MAR 12 1958

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 *J. M. Robertson*

Licensed Embalmer No. *436*

P. O. Address *Laredo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.