

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4007

FILED MAR 14 1957

State File No. 26

BIRTH MO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5234 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural West Peculiar</u>		c. CITY OR TOWN <u>Rural 0190</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>30 years.</u>		e. STREET ADDRESS (If rural, give location) <u>2 Miles South West Peculiar Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print) <u>JESS</u>			a. (First)		b. (Middle)		c. (Last) <u>URTON</u>		4. DATE OF DEATH <u>Mar. 3 - 1957</u> (Month) (Day) (Year)					
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>Sept. 28 - 1874</u>		9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 4 HRS. Hours	IF UNDER 15 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Yanceburg Ky.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Alford Urton</u>			13b. MOTHER'S MAIDEN NAME <u>Jemie Carter</u>			14. NAME OF HUSBAND OR WIFE <u>Stella Urton</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>494-406611</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Paul Urton</u> ADDRESS <u>Uck MO</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Insufficiency</u>						INTERVAL BETWEEN ONSET AND DEATH <u>20</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES						2 weeks	
		DUE TO (b) <u>Bronchial Pneumonia</u>						10 years	
		DUE TO (c) <u>Essential Hypertension</u>						10 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Anemia</u>						10 years	

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)		4201		2	
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?					

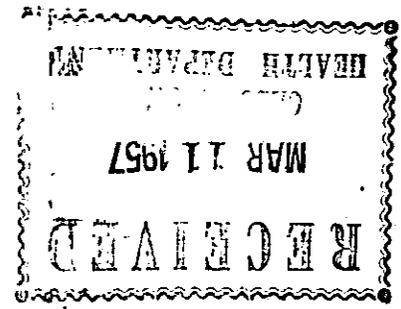
22. I hereby certify that I attended the deceased from 3/1, 1957, to 3/3/57, 1957, that I last saw the deceased alive on 3/1, 1957, and that death occurred at 11:45 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ralph M. Lopez Do.</u>		23b. ADDRESS <u>Indep. Mo. 11106 W. Union Rd.</u>		23c. DATE SIGNED <u>3/4/57</u>	
24a. BURIAL, CREMATION, BENEFIT (Specify) <u>Benial</u>		24b. DATE <u>Mar. 6 - 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wills Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>Peculiar Mo.</u>			

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Manda 7, 1957</u>		REGISTRAR'S SIGNATURE <u>Dora Barwood</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. E. Myers Cleveland Mo.</u>	
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(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 *Geo. E. Myers*.....

Licensed Embalmer No. *2577*.....

P. O. Address *Cleveland*.....

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.