

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-010769

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 146 STATE FILE NUMBER

FILED MAR 18 1963

VS 300  
Rev. 4/59  
1 0168  
2 8120  
3  
4 0  
5 1  
6  
7 1  
8 2  
9 332X  
10  
11  
12 2-0  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ill.</u> b. COUNTY <u>Union</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Cape Girardeau</u>		Length of stay in 1b <u>6 days</u>	c. CITY OR TOWN <u>R. F. D. Jonesboro</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>St. Francis Hosp</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R. F. D. # 1</u>
3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>Poole</u> Last <u>Ury</u>		4. DATE OF DEATH Month <u>March</u> Day <u>8</u> Year <u>1963</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/26/1895</u>
9. AGE (last birthday) <u>67</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>	11. BIRTHPLACE (City and state or country) <u>Union County, Ill.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		13a. FATHER'S NAME <u>James Ury</u>	
13b. MOTHER'S MAIDEN NAME <u>Delia Poole</u>		14. NAME OF HUSBAND OR WIFE <u>Marie Ury</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>no</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <u>Leona Vincent</u>		Address <u>Anna, Ill.</u>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY)		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u>		<u>immediate</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Cerebral Arteriosclerosis</u>	
DUE TO (c) _____		<u>7 mo.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>2-3-59</u> to _____ and last saw <sup>her</sup> him alive on <u>3-8-63</u>		Death occurred at <u>1:00</u> P.m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>H. S. Ridings M.D.</u>		22b. ADDRESS <u>Cape Girardeau, Mo</u>	22c. DATE SIGNED <u>Mar 11, 1963</u> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>XXXXXX</u>	23b. DATE <u>3/10/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. John's</u>	23d. LOCATION (City, town, or county) <u>R. D. # 1 Union County, Ill.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Norris &amp; Son, Jonesboro, Ill.</u>		25. DATE RECD. BY LOCAL REG. <u>3-11-63</u>	26. REGISTRAR'S SIGNATURE <u>Leona Vincent</u>

USE BLACK INK OR TYPEWRITER RIBBON

MAR 19 1963

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 Carl Weiss, Student Embalmer No. 6688

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Carl Weiss

Licensed Embalmer No. 6688

P. O. Address Jonestown, Guyana

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.