

STANDARD CERTIFICATE OF DEATH

State File No. 18513

FILED JUL 6 1949

S. No. 300  
V. 10.48

|  |                           |  |   |  |  |  |                                  |
|--|---------------------------|--|---|--|--|--|----------------------------------|
| BIRTH NO. _____  |                           | REG. DIST. NO. 1   |   | PRIMARY REG. DIST. NO. 3000  |  | Registrar's No. 191  |                                  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Adair</b>  |                           |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Knox</b> |  |  |                                  |
| b. CITY OR TOWN <b>Kirkville, Missouri</b>   |                           | c. LENGTH OF STAY (in this place) <b>7</b>   |   | c. CITY OR TOWN <b>Edina, Missouri</b>   |  |  |                                  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>629 E. McPherson</b>  |                           |  |   | d. STREET ADDRESS (If rural, give location) _____  |  |  |                                  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>James</b> b. (Middle) <b>Carter</b> c. (Last) <b>Upright</b>  |                           |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>July 1 1949</b> |  |  |  |                                  |
| 5. SEX <b>M</b>  | 6. COLOR OR RACE <b>W</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____   |   | 8. DATE OF BIRTH <b>Jan 4, 1870</b>  |  | 9. AGE (In years last birthday) <b>79</b> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 2 HRS. Hours _____ Min. _____ |                                  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>  |                           | 10b. KIND OF BUSINESS OR INDUSTRY _____  |   | 11. BIRTHPLACE (State or foreign country) <b>Edina, Mo</b>   |  | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>  |                                  |
| 13a. FATHER'S NAME <b>Geo Upright</b>  |                           |  | 13b. MOTHER'S MAIDEN NAME <b>Margaret Lyons</b>             |  | 14. NAME OF HUSBAND OR WIFE <b>Stella Bula</b> |  |                                  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>  |                           | 16. SOCIAL SECURITY NO. _____  |   | 17. INFORMANT'S SIGNATURE OR NAME <b>Sam Upright</b>   |  | ADDRESS <b>Kirkville Mo</b>  |                                  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))   |                           |  |   | MEDICAL CERTIFICATION  |  |  | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____   |                           |  |   | Bright to disease  |  |  |                                  |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.   |                           |  |   | ANTECEDENT CAUSES  |  |  |                                  |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.   |                           |  |   | DUE TO (b) <b>Chronic Bright's disease</b>   |  |  |                                  |
|  |                           |  |   | DUE TO (c) _____   |  |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS   |                           |  |   | Conditions contributing to the death but not related to the disease or condition causing death.  |  |  | 592X                             |
| 19a. DATE OF OPERATION _____   |                           | 19b. MAJOR FINDINGS OF OPERATION _____   |   |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____  |                           | 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 <b>Nov</b> , 1948, to <b>July 1</b> , 1949, that I last saw the deceased alive on <b>June 30</b> , 1949, and that death occurred at <b>4 a</b> m., from the causes and on the date stated above. <b>24/6/1949</b> |                           |  |   |  |  |  |                                  |
| 23a. SIGNATURE (Degree or title) <b>C. A. Adams, D. D.</b>   |                           |  |   | 23b. ADDRESS <b>115 1/2 S. Franklin Kirkville Mo.</b>  |  | 23c. DATE SIGNED _____   |                                  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  |                           | 24b. DATE <b>7-3-49</b>  |   | 24c. NAME OF CEMETERY OR CREMATORY <b>Maple Hills</b>  |  | 24d. LOCATION (City, town, or county) (State) <b>Kirkville Mo</b>  |                                  |
| DATE REC'D BY LOCAL REG. <b>7-1-49</b>   |                           | REGISTRAR'S SIGNATURE <b>Kate Lambert</b>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE <b>J. W. Hudson</b>   |  | ADDRESS <b>Edina Mo.</b>   |                                  |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 1

District File Number 7-49-11

Date Filed JUL 5 1948

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 .....  
Student Embalmer

Signed Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina, Mo.

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 this body is not embalmed, fact should be so stated above.