

FILED SEP 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27569

BIRTH NO. _____ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5891 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Ozark		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ozark	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gainesville, Mo, Bridges Twp. Alford		c. LENGTH OF STAY (In this place) _____	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Bridges Township		d. STREET ADDRESS (If rural, give location) Rural, Bridges Township, Ozark, Co	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bridges Township, Ozark Co			

3. NAME OF DECEASED (Type or Print) a. (First) Andy b. (Middle) Cape c. (Last) Upton			4. DATE OF DEATH (Month) (Day) (Year) Aug. 14. 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March, 14, 1872	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 5 Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Ozark, Co. Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Dan Upton		13b. MOTHER'S MAIDEN NAME Nancy Bracket		14. NAME OF HUSBAND OR WIFE Sarah Jane Upton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Everette Upton ADDRESS Gainesville Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 wks
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial hypertension		10 yrs
		DUE TO (c) _____		2 1/2 yrs
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus		5 yrs
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) _____	
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 10 1/2 to Aug 14, 1949 that I last saw the deceased alive on Aug 10, 1949, and that death occurred at 1 p m., from the causes and on the date stated above.

23a. SIGNATURE M J Hoerman MD (Degree or title)		23b. ADDRESS Gainesville, Mo		23c. DATE SIGNED 8-15-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 16, 1949	24c. NAME OF CEMETERY OR CREMATORY Reynolds (Private)	24d. LOCATION (City, town, or county) (State) Ozark Co Mo
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DATE REC'D BY LOCAL REG. 8-14-49	REGISTRAR'S SIGNATURE William Copnell	5. FUNERAL DIRECTOR'S SIGNATURE Chas. H. ... ADDRESS Gainesville Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 17 1949
District Health Office No. 6,
District File Number 849-1002
Date Filed 8-29-49

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.

Signed.....

C. A. Roal

Signed.....

Student Embalmer

Licensed Embalmer No.

3044

P. O. Address.....

Spineville 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.