

No. 300
10-48

FILED SEP 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31155

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

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 5811 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY MONTGOMERY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BUELL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Buell MO	
c. LENGTH OF STAY (In this place) 30 yrs		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		e. FULL NAME OF HOSPITAL OR INSTITUTION _____	
3. NAME OF DECEASED (First) POY (Type or Print)		b. (Middle) Richard	
c. (Last) Updyke		4. DATE OF DEATH (Month) (Day) (Year) Sep. 14-1950	
5. SEX Male	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH FEB 18-1889
9. AGE (In years) (Months) (Days) (Hours) (Min.) 62 6 27	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Station Agent		11. KIND OF BUSINESS OR INDUSTRY B & B RR
12. BIRTHPLACE (State or foreign country) Montgomery MO		13. CITIZEN OF WHAT COUNTRY? U.S.A.	
14. FATHER'S NAME Edward Updyke		15. MOTHER'S MAIDEN NAME Anna Syla	
16. NAME OF HUSBAND OR WIFE Josephine Updyke		17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	
18. SOCIAL SECURITY NO. _____		19. INFORMANT'S SIGNATURE OR NAME J. B. Nells ADDRESS _____	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 4201	
21a. ACCIDENT SUICIDE, HOMICIDE (Specify) NONE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) BUELL MONTGOMERY MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	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 viewed the deceased VIEWED on 14 SEPT 1950 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:40 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE Clement W. Bennett DDS (Degree or title) 3		23b. ADDRESS Montgomery City MO	
23c. DATE SIGNED 15 SEPT 50		24. NAME OF CEMETERY OR CREMATORY Wellsville Cemetery	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-17-50	
24c. LOCATION (City, town, or county) (State) Wellsville MO		25. FUNERAL DIRECTOR'S SIGNATURE J. B. Nells ADDRESS Nells Wellsville MO	
DATE REC'D BY LOCAL REG. 9-15-50		REGISTRAR'S SIGNATURE Bernice C. Wyatt	

File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP 17 1950

RECEIVED

OCT 8 1950

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 _____

K B Wells

Signed _____
Student Embalmer

Licensed Embalmer No. *1588*

P. O. Address *Yellville 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.