

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36281

State File No. 176

No. 300
10.48

FILED NOV 29 1951

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>176</u>									
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Audrain</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO</u>		c. LENGTH OF STAY (in this place) <u>3 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO SAITRUCY</u>		d. STREET ADDRESS (If rural, give location) <u>RFD #2 0040</u>									
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain County Hosp</u>															
3. NAME OF DECEASED (Type or Print) <u>JOHN W. UPTON</u>			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV-19-51</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>NOV 13 1861</u>		9. AGE (In years last birthday) <u>90</u>		IF UNDER 1 YEAR		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER - RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>		11. BIRTHPLACE (State or foreign country) <u>MONROE Co. MO.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>							
13a. FATHER'S NAME <u>JOHN UPTON</u>				13b. MOTHER'S MAIDEN NAME <u>NANCY ROUSE</u>				14. NAME OF HUSBAND OR WIFE <u>NONE</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or date of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>NONE</u>				17. INFORMANT'S SIGNATURE OR NAME <u>J. DOWELL</u>				ADDRESS <u>MOLINO MO</u>			
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) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cerebrovascular Disease</u> DUE TO (c) <u>Hypertensive Pneumonia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>X</u>								INTERVAL BETWEEN ONSET AND DEATH <u>11-17-51</u> <u>11-18-51</u>			
19a. DATE OF OPERATION <u>X</u>		19b. MAJOR FINDINGS OF OPERATION <u>X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>X</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>X</u>						21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>X</u>	
22. I hereby certify that I attended the deceased from <u>11-17</u> , 19 <u>51</u> , to <u>11-19</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11-19</u> , 19 <u>51</u> , and that death occurred at <u>7 PM</u> m., from the causes and on the date stated above.															
23a. SIGNATURE <u>Jerry J. O'Brien M.D.</u> (Degree or title)						23b. ADDRESS <u>Missouri</u>				23c. DATE SIGNED <u>11-20-51</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-21-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HONE BRANCH Cem</u>				24d. LOCATION (City, town, or county) (State) <u>MONROE Co. MO</u>							
DATE REC'D BY LOCAL REG. <u>Nov-21-1951</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas Arnold</u>				ADDRESS <u>Mexico</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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Date Received: NOV 27 1951
DISTRICT HEALTH OFFICE #
District File Number // -5/-
Date Filed: NOV 27 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Richard Y. McDonald

Signed.....
Student Embalmer

Licensed Embalmer No. 4825

P. O. Address Mexico, 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.