

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42490**

S. No. 300  
V. 10.48

**JAN 3 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **5927** Registrar's No. **391**

**0800**

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

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY OR TOWN <b>Rural - Green Ridge</b> c. LENGTH OF STAY (in this place) <b>43 years</b>		c. CITY OR TOWN <b>Rural - Green Ridge Twp</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R# 1 Green Ridge</b>		d. STREET ADDRESS (If rural, give location) <b>R# 1 Green Ridge</b>	

3. NAME OF DECEASED (Type or Print) <b>JOSEPH</b>	a. (First)	b. (Middle)	c. (Last) <b>UPTON</b>	4. DATE OF DEATH <b>Dec 20, 1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec 17, 1867</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months <b>3</b>	IF UNDER 12 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>	11. BIRTHPLACE (State or foreign country) <b>England</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Joseph Upton</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Upton</b>	14. NAME OF HUSBAND OR WIFE <b>Louisa Stitzel</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs James McCampbell, Huston, Missouri</b>	ADDRESS <b>Huston, Missouri</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocardial disease</b>		INTERVAL BETWEEN ONSET AND DEATH
	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. <b>Hypertension, Arteriosclerosis</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>443X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Nov 5, 1951**, to **Dec 20, 1951**, that I last saw the deceased alive on **Dec 18, 1951**, and that death occurred at **6:20p m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H. A. Hite, D.M.D.</b> (Degree or title)	23b. ADDRESS <b>Green Ridge Mo.</b>	23c. DATE SIGNED <b>12-21-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-22-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Green Ridge</b>	24d. LOCATION (City, town, or county) (State) <b>Green Ridge, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>12-22-1951</b>	REGISTRAR'S SIGNATURE <b>J. Campbell, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Huston Turner, Huston, Mo.</b>	ADDRESS <b>Huston, Missouri</b>
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2511-0

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12-31-21

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 1-2-22 \_\_\_\_\_

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 \_\_\_\_\_

*William M. Turner*

Licensed Embalmer No. 4648

P. O. Address Windsor, 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.