S. No. 300
v. 10.48

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

FILED JAN 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2055

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 4330 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): East Prairie
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Madrid
d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) JOSEPH c. (Last) UPTON

4. DATE OF DEATH (Month) (Day) (Year): Jan. 3, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 12, 1893
9. AGE (In years last birthday): 58 — If under 1 year: Months 2, Days 21 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Oil
11. BIRTHPLACE (State or foreign country): New Madrid Co., Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: James Upton
13b. MOTHER'S MAIDEN NAME: Lucy Doss
14. NAME OF HUSBAND OR WIFE: Uretta Upton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W.W. 1
16. SOCIAL SECURITY NO.: 407-07-5206
17. INFORMANT'S SIGNATURE OR NAME: Uretta Upton — ADDRESS: New Madrid, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BURNED TO DEATH IN OIL EXPLOSION AND FIRE. GASOLINE TANKS AT BULK PLANT EXPLODED WHILE DECEASED WAS ON TOP OF TANK TRUCK.

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.* The deceased was employed as Driver of tank truck.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
067 E9163-9
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Oil Bulk Plant
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): East Prairie, Mississippi, Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 3rd, 1952 8:54 A.M.
21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Explosion of oil and fire that followed.

22. *I hereby certify that I attended the deceased from* AS CORONER ONLY *to* _____, *19*____, *that I last saw the deceased alive on* _____, *19*____, *and that death occurred at* 8:54 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert J. Kimmelle Jr. (Degree or title): CORONER
23b. ADDRESS: CHARLESTON, MISSOURI
23c. DATE SIGNED: 1/4/1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 5, 1952
24c. NAME OF CEMETERY OR CREMATORY: Dogwood
24d. LOCATION (City, town, or county) (State): Miss. Co. Missouri

DATE REC'D BY LOCAL REG.: 1-12-52
REGISTRAR'S SIGNATURE: Gertrude G. Harper
25. FUNERAL DIRECTOR'S SIGNATURE: Travis Shelby
ADDRESS: East Prairie

(Licensed Embalmer's Statement on Reverse Side)

JAN 17 REC'D

RECEIVED
Miss. Co. Health Dept
County File No. _____
Date Filed JAN 18 1952

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 Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.