

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41949

State File No. \_\_\_\_\_

FILED DEC 14 1953

BIRTH NO. _____		REG. DIST. NO. <u>378</u>		PRIMARY REG. DIST. NO. <u>4552</u>		Registrar's No. <u>68</u>	
1. PLACE OF DEATH. a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Wright</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wright, Mo</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wright, Mo</u>		1141 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S. Wall St</u>				d. STREET ADDRESS (If rural, give location) <u>S. Wall St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>VIOHA</u>		b. (Middle) <u>V.</u>		c. (Last) <u>UPSHAW</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 3, 1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 7, 1874</u>	
9. AGE (In years last birthday) <u>79</u>		10. MONTHS <u>7</u>		11. DAYS <u>26</u>		12. IF UNDER 24 HRS. Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Douglas Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Elmer Farmer</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Bugg</u>		14. NAME OF HUSBAND OR WIFE <u>John Upshaw</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Della Benzel</u>		ADDRESS <u>Wright, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Haemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>11-29-50</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension, &amp; Arteriosclerosis</u>					
		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 <u>331X</u>				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) (Min.)		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 <u>10-2</u> , 1951, to <u>12-3</u> , 1953, that I last saw the deceased alive on <u>Nov 3</u> , 1953, and that death occurred at <u>7:30 A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>Mountain Home, Mo</u>		23c. DATE SIGNED <u>12-4-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>12-5-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Denlow</u>		24d. LOCATION (City, town, or county) (State) <u>Harwood, Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-5-53</u>		REGISTRAR'S SIGNATURE <u>A.B. Ames</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Grable-Whitlock</u>		ADDRESS <u>Wright, Mo</u>	

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

**RECEIVED** DEC 8 1953  
WRIGHT CO. HEALTH DEPT.  
County File Number 1853-151  
Date Filed 12-12-53

**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 Frank Noble

Licensed Embalmer No. 4140

P. O. Address Wm Jones, 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.