

FILED JUN 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15894

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>4273</u>		Registrar's No. <u>2A</u>								
1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u>				b. COUNTY <u>LAFAYETTE</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CONCORDIA</u>		c. LENGTH OF STAY (in this place) <u>89 yrs</u>		c. CITY OR TOWN <u>CONCORDIA</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1002 MAIN ST.</u>				e. STREET ADDRESS (If rural, give location) <u>1002 MAIN ST</u>				<u>0540</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>			b. (Middle) <u>ELIZABETH</u>			c. (Last) <u>UPHAUS</u>								
4. DATE OF DEATH (Month) (Day) (Year) <u>May 24 1955</u>			5. SEX <u>FEMALE</u>			6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>						
8. DATE OF BIRTH <u>Nov. 30, 1861</u>			9. AGE (In years last birthday) <u>93</u>		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.)		11. BIRTHPLACE (City and State or Foreign Country) <u>GERMANY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>			13a. FATHER'S NAME <u>FREDRICK WALKENHORST</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>					
14. NAME OF HUSBAND OR WIFE <u>August UPHAUS DECEASED</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>No</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Alvina UPHAUS</u>			ADDRESS <u>CONCORDIA, 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, asthma, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>				INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u>						
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Arteriosclerosis, coronary</u>				DUE TO (c) <u>Several years</u>						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Marked generalized arteriosclerosis</u>				DUE TO (c) <u>Several years</u>										
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			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) <u>4201</u>									
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>Feb 10 1949</u> , to <u>May 24 1955</u> , that I last saw the deceased alive on <u>April 9 1955</u> , and that death occurred at <u>9:24 a.m.</u> , from the causes and on the date stated above.														
23a. SIGNATURE <u>H. Brady, M.D.</u>				23b. ADDRESS <u>Concordia, Mo</u>				23c. DATE SIGNED <u>5/24/55</u>						
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5/26/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>METHODIST CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CONCORDIA MO</u>								
DATE REC'D BY LOCAL REG. <u>May 25 '55</u>		REGISTRAR'S SIGNATURE <u>Rayton H. Henderson</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>E. S. Hanna</u>			ADDRESS <u>Concordia, Mo</u>						

(Licensed Embalmer's Statement on Reverse Side)

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

p. 300
p. 4840
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AUG 4 1955

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.....
Signature of Student Embalmer

Signed *E. S. James*.....

Licensed Embalmer No. *205*.....

P. O. Address *Courden*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.