

FILED APR 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9851

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 7859 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY MILLER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY MILLER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - Aurora Springs		c. LENGTH OF STAY (in this place) 50 yrs	c. CITY OR TOWN ELDON
d. FULL NAME OF HOSPITAL OR INSTITUTION AURORA-SPRINGS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) LUCY b. (Middle) ALICE c. (Last) UPTON		4. DATE OF DEATH (Month) (Day) (Year) MARCH-12 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 17 MARCH 1879
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife	11. BIRTHPLACE (City and State or Foreign Country) Miller Co Mo
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY In-Home	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Alexander-Sconce		13b. MOTHER'S MAIDEN NAME Emiline-Laswell	14. NAME OF HUSBAND OR WIFE Bob Upton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Noble-Upton ADDRESS ELDON Mo
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) Senility 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. Atherosclerosis	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) None	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> None	
21f. HOW DID INJURY OCCUR? None		22. I hereby certify that I attended the deceased from 5-20-1955 , to 3-2-1956 , that I last saw the deceased alive on Feb 1956 , and that death occurred at 10:55 A.M. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Carl J. Bueber, M.D.		23b. ADDRESS ELDON Mo	
23c. DATE SIGNED 14 MARCH 56		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 14 MARCH 56		24c. NAME OF CEMETERY OR CREMATORY Salem	
24d. LOCATION (City, town, or county) (State) Miller Co Mo		25. FUNERAL DIRECTOR'S SIGNATURE Keith McKay ADDRESS ELDON Mo	
DATE REC'D BY LOCAL REG. Mar. 14, 1956		REGISTRAR'S SIGNATURE Edw. Berneta Walt	

(Licensed Embalmer's Statement on Reverse Side)

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

REC'D

MAR 27 1960

MILLER COUNTY HEALTH
DEPARTMENT

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 *Keith McKays*.....

Licensed Embalmer No. *399*.....

P. O. Address *Eldon*.....

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.