

FILED AUG 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25470

STATE FILE NUMBER

Registration District No. 231 Primary Registration District No. 4346 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Montgomery City		c. CITY OR TOWN Montgomery City Mo	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If outside, give location) none	
3. NAME OF DECEASED (Type or print) First George Middle I. Last Uptegrove		4. DATE OF DEATH July 25 th 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-5-1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 86
13a. FATHER'S NAME Thomas Uptegrove		13b. MOTHER'S MAIDEN NAME Virginia Pew	12. CITIZEN OF WHAT COUNTRY? U. S. A
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 499-40-8476	17. INFORMANT Address Mrs Mary Uptegrove Montgomery City Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 6 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			332X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis, Chronic Glomerular Nephritis and Senility.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from July 6, 1957 to July 25, 1957 and last saw her alive on July 24, 1957 Death occurred at 6 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) O. A. Thompson D.O.		22b. ADDRESS New Florence, Mo	
		22c. DATE SIGNED July 27, 1957	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-27-57	
23c. NAME OF CEMETERY OR CREMATORY Montgomery City Cemetery		23d. LOCATION (City, town, or county) Montgomery City Mo	
24. FUNERAL DIRECTOR Christophius ADDRESS MONTGOMERY CITY MO		25. DATE RECD. BY LOCAL REG. 8-12-57	
		26. REGISTRAR'S SIGNATURE Thomas C. Dunder	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
 by me, XXX on the 25 th day of July 1957, Student Embalmer No.
 working under my personal supervision.

Student
 Signature of Student Embalmer

Signed Richard J. McDonald
 Licensed Embalmer No. 4825
 P. O. Address Willville, Mo.

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, XXX on the 25 th day of July 1957, Student Embalmer No.
 working under my personal supervision.

Student
 Signature of Student Embalmer

Signed Richard J. McDonald
 Licensed Embalmer No. 4825
 P. O. Address Willville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.