

FILED AUG 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 27391
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>4</u>		PRIMARY REG. DIST. NO. <u>4014</u>		Registrar's No. <u>77</u>	
1. PLACE OF DEATH a. COUNTY <u>Atchison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE <u>Missouri</u> -- b. COUNTY <u>Holt</u>			
b. CITY (If outside corporate limits, write RURAL and give town or town) <u>Fairfax</u>		c. LENGTH OF STAY (in this place) <u>5 das.</u>		c. CITY OR TOWN <u>Fortescue</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>Community Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>0 47 0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Chester</u> b. (Middle) <u>Talbert</u> c. (Last) <u>Uphouse</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 6, 1957</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 13, 1881</u>		9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Blacksmithing</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Holt County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Uphouse</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Biggs</u>		14. NAME OF HUSBAND OR WIFE <u>Martha Uphouse</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Martha Uphouse, Fortescue, Mo.</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>unknown</u>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input 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) _____ m. _____	
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>Sept 1, 1954</u> to <u>Aug 6, 1957</u> , that I last saw the deceased alive on <u>Aug 6, 1957</u> , and that death occurred at <u>8 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>D. F. Sweaney</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Oregon, Missouri</u>		23c. DATE SIGNED <u>8/9/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/9/1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mound City, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Aug 14, 1957</u>		REGISTRAR'S SIGNATURE <u>Marvin H. Schoeler</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James Crawford</u> ADDRESS <u>Mound City, Mo.</u>			

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

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SEP 18 1951

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 *James Crawford*

Licensed Embalmer No. *4796*

P. O. Address *Moand City,*

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.