

FILED JAN 17 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17398
STATE FILE NUMBER
6130

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1		d. STREET ADDRESS (If outside, give location) 1710 Jefferson	
Length of stay in lb 42 yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Edgar Middle Upton Last Upton			4. DATE OF DEATH Month 12 Day 23 Year 1957		
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5. SEX D	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 16, 1884	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Kitchen Helper	11. BIRTHPLACE (City and state or country) Knobnoster, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Ben Upton	13b. MOTHER'S MAIDEN NAME (Un Known) Fern	14. NAME OF HUSBAND OR WIFE Mary
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or for unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 527-10-0263	17. INFORMANT FLYND Mrs. Shotwell 1710 Jefferson K.C. Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute antero-septal myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 _____ a.m. _____ p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____

21. I attended the deceased from Dec. 23, 1957 to Dec. 23, 1957 and last saw her alive on Dec. 23, 1957 Death occurred at 4:15 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>[Signature]</i>	22b. ADDRESS 24th & Cherry
22c. DATE SIGNED 12-24-57	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-27-57	23c. NAME OF CEMETERY OR CREMATORY Knobnoster Cemetery	23d. LOCATION (City, town, or county) (State) Knobnoster, Missouri
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24. FUNERAL DIRECTOR Melody McGilley Eylar F. H. Linwood & Woodland	25. DATE RECD. BY LOCAL REG. 12-25-57	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. MEDICAL CERTIFICATION. B. I. Burns

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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 Signed *James W Wair*
Signature of Student Embalmer

By E. C. H. H. H. H. H.
die. Sint. 4137
Kemo Licensed Embalmer No. *4650*
P. O. Address *K. C. 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.