

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-005296

State File No. ....

FILED MAR 11 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4225 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Holt</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 township) OR TOWN <u>Oregon</u>		c. LENGTH OF STAY (In this place) <u>10 yrs.</u>	c. CITY OR TOWN <u>Mound City</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Browne Nursing Home</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>0470</u>	

3. NAME OF DECEASED (Type or Print) <u>Lizzie</u>	a. (First)	b. (Middle) <u>Bell</u>	c. (Last) <u>Uphouse</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 2, 1958</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>Feb. 7, 1875</u>	9. AGE (In years last birthday) <u>83</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>In the home</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 T. Fancher</u>	13b. MOTHER'S MAIDEN NAME <u>Rosey J. Stone</u>	14. NAME OF HUSBAND OR WIFE <u>Francis M. Uphouse</u>
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Frank Bohart, Mound City, Mo.</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>34 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>fractured leg required amputation</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>9027</u> <u>45</u>	

19a. DATE OF OPERATION <u>2/17/58</u>	19b. MAJOR FINDINGS OF OPERATION <u>Irreducible fracture, leg amputated at hip.</u>	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Nursing Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Oregon, Mo. Holt Co.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2 : 58 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fall out of bed.</u>

22. I hereby certify that I attended the deceased from Aug., 1950, to 3/1/58, 1958, that I last saw the deceased alive on 3/1/58, 1958, and that death occurred at 5 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. E. Cobbin A.B. D.O.</u>	23b. ADDRESS <u>Oregon Mo.</u>	23c. DATE SIGNED <u>3/3/58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/6/1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Mound City, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3/3/1958</u>	REGISTRAR'S SIGNATURE <u>James Crawford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James Crawford</u>	ADDRESS <u>Mound City, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 12 1958

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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.....  
Signature of Student Embalmer

Signed *James H. Crawford*

Licensed Embalmer No. *4796*

P. O. Address *Mound 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.