

UNIFORM DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041435

FILED NOV 29 1960 77

Primary Registration District No. 3016 Registrar's No. 394

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miller									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		Length of stay in 1b 4 days		c. CITY OR TOWN West 6th Street		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Community			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Eldon, Missouri		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last Laura Jane Uptergrove				4. DATE OF DEATH Month Day Year November 26, 1960									
5. SEX Female		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 5-2-60		9. AGE (last birthday) 61		IF UNDER 1 YEAR Months Days Hours Min. 6 24		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glaser Pants Factory-employee				10b. KIND OF BUSINESS OR INDUSTRY Eldon, Miller Co., Mo.		11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY					
13a. FATHER'S NAME Anderson L. Tompkins				13b. MOTHER'S MAIDEN NAME Annie Hull				14. NAME OF HUSBAND OR WIFE John E. Uptergrove					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. No		17. INFORMANT Address John E. Uptergrove Eldon, Missouri							
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 hemorrhage due Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis hypertension DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown										INTERVAL BETWEEN ONSET AND DEATH 4 days years			
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. Month, Day, Year		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 Nov 22/60 to Nov 26/60 last saw her alive on 11-26-60 Death occurred at 11:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Wm E Daylan M.D.						22b. ADDRESS Jefferson City, Missouri			22c. DATE SIGNED 11-26-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 28 Nov. 1960		23c. NAME OF CEMETERY OR CREMATORY Dooley Cemetery		23d. LOCATION (City, town, or county) (State) Morgan County, Mo.							
24. FUNERAL DIRECTOR ADDRESS Frank M. Kaye ELDON Mo				25. DATE RECD. BY LOCAL REG. 26 November 1960		26. REGISTRAR'S SIGNATURE R.P. Harris, Mo. Registrar, Dy.							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 13 1950

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 *Arthur M. Keys*

Licensed Embalmer No. 3998

P.O. Address Eldon 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.