

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036111
STATE FILE NUMBER

AMENDED FILED OCT 16 1961 Registration District No. 46 Primary Registration District No. 4066 Registrar's No. 1840

1. PLACE OF DEATH - ...
 a. COUNTY **Caldwell**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Kingston** Length of stay in 1b **8 months**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Berry Rest Home** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Mo** b. COUNTY **Caldwell**
 c. CITY OR TOWN **Kingston - Rural** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Alfred Palmer Upchurch **10 5 1961**

5. SEX **male** 6. COLOR OR RACE **white** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **5-4-1892** 9. AGE (last birthday) **69**
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farmer** 10b. KIND OF BUSINESS OR INDUSTRY **self** 11. BIRTHPLACE (City and state or country) **Wayne Co. Kentucky** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Giles Upchurch** 13b. MOTHER'S MAIDEN NAME **Amanda Upchurch** 14. NAME OF HUSBAND OR WIFE **Nellie Upchurch**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT **Mrs. John Morgan, Cameron, Mo** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Carcinoma - Colon** INTERVAL BETWEEN ONSET AND DEATH **6 Months**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____
 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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Kingston Caldwell Mo.** 20f. CITY, TOWN, OR LOCATION COUNTY STATE
 21. I attended the deceased from **June 1961** to **10-5-61** and last saw him alive on **10-4-61**
 Death occurred at **4:30 p** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Frank R. Duley, M.D.** 22b. ADDRESS **Hamilton, Mo.** 22c. DATE SIGNED **10-7-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **10-8-1961** 23c. NAME OF CEMETERY OR CREMATORY **Mirabile Cemetery** 23d. LOCATION (City, town, or county) (State) **Mirabile, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Clark Funeral Home, Kingston, Mo** 25. DATE RECD. BY LOCAL REG. **Oct 11-61** 26. REGISTRAR'S SIGNATURE **Gladys Jones**

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

OCT 30 1961

Faint, mostly illegible text at the top of the page, possibly containing identification or administrative information.

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,

~~XXXX~~ _____ ~~XXXXXX~~

~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~
Working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Coramur Clark

Licensed Embalmer No. 3257

P. O. Address Kingston

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.

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