

FILED MAR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11362**

BIRTH NO. _____ REG. DIST. NO. **378** PRIMARY REG. DIST. NO. **4552** Registrar's No. **8**

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Wright	
b. CITY OR TOWN Mtn Grove, Missouri		c. CITY OR TOWN Mtn Grove, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION North Maple		d. STREET ADDRESS (If rural, give location) North Maple	
3. NAME OF DECEASED (Type or Print) Mary Jane Upshaw		4. DATE OF DEATH Febr 25 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov 14, 1859
9. AGE (In years last birthday) 89		IF UNDER 1 YEAR Months 8 Days 11	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	
11. BIRTHPLACE (State or foreign country) Buckhart Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME James Wheat		13b. MOTHER'S MAIDEN NAME Elizabeth Riley	
14. NAME OF HUSBAND OR WIFE William Upshaw		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Clara Loring ADDRESS Mtn Grove Missouri	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Bronchial Pneumonia 2 Days			
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Influenza			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1 year			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? 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)		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 Feb 1, 1949 to Feb 25, 1949 , that I last saw the deceased alive on Feb 24, 1949 , and that death occurred at 8:00 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE W. A. Craig DO. (Degree or title)		23b. ADDRESS Mountain View No 3-4-49	
23c. DATE SIGNED 3-4-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Febr 27-49	
24c. NAME OF CEMETERY OR CREMATORY Pleasant Home		24d. LOCATION (City, town, or county) (State) Drury Missouri	
DATE REC'D BY LOCAL REG. 3-9-49		REGISTRAR'S SIGNATURE A. C. Ames	
25. FUNERAL DIRECTOR'S SIGNATURE R. W. Barber		ADDRESS Mtn. Home Mo	

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

114

RECEIVED

District Health Officer No. 6,
District File Number 349-241
Date Filed 3-15-49

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
Student Embalmer

Signed R.W. Barber

Licensed Embalmer No. 3848

P. O. Address Mt. Airy, N.C.

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 this body is not embalmed, fact should be so stated above.

FILED MAR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11362

BIRTH NO. _____ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>	
b. CITY OR TOWN <u>Mtn Grove, Missouri</u>	c. LENGTH OF STAY (in this place) <u>Lifetime</u>	c. CITY OR TOWN <u>Mtn Grove, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North Maple</u>		d. STREET ADDRESS (If rural, give location) <u>North Maple</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Jane</u>	c. (Last) <u>Unshaw</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Febr 25 1949</u>
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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>Nov 14, 1859</u>	9. AGE (in years last birthday) <u>89</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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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>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Suckhart Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Wheat</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Riley</u>	14. NAME OF HUSBAND OR WIFE <u>William Unshaw</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 Clara Loring</u>	ADDRESS <u>Mtn Grove Missouri</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bacterial Pneumonia</u>		<u>2 Days</u>
	ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u> DUE TO (c) _____		<u>1 week</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Feb 1, 1949 to Feb 25, 1949, that I last saw the deceased alive on Feb 24, 1949, and that death occurred at 8:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. A. Craig D.O.</u>	23b. ADDRESS <u>Mountain Grove Mo</u>	23c. DATE SIGNED <u>3-4-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Febr 27-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Home</u>	24d. LOCATION (City, town, or county) (State) <u>Drury Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-9-49</u>	REGISTRAR'S SIGNATURE <u>A. C. Ames</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. W. Barber</u>	ADDRESS <u>Mtn. Home Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD