

FILED JUN 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH14977
State File No.No. 300
10-48

| | | | | | | | |
|--|--|---|---|--|--|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>42</u> | | PRIMARY REG. DIST. NO. <u>1000</u> | | Registrar's No. <u>616</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buch.</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | c. LENGTH OF STAY (in this place) <u>25 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Methodist Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>2502 1/2 So. 6th, St.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Carrie</u> | | b. (Middle) <u>--</u> | | c. (Last) <u>Updegraff</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 31, 1949</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>April 23, 1870</u> | |
| 9. AGE (In years last birthday) <u>79</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 24 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>--</u> | | 11. BIRTHPLACE (State or foreign country) <u>Ohio</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>Guy Oliver Carter</u> | | | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Martin George Updegraff</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Willodean LaMaster-St. Joseph, Mo</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Insufficiency & Hypostatic Pneumonia</u> | | | | | <u>Ukn</u> |
| | | ANTECEDENT CAUSES | | | | | |
| | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | <u>4222</u> |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Avitaminosis</u> | | | | | <u>Ukn</u> |
| 19a. DATE OF OPERATION <u>✓</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>✓</u> | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>✓</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>✓</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>May 30, 1949</u> , to <u>May 31, 1949</u> , that I last saw the deceased alive on <u>May 31, 1949</u> , and that death occurred at <u>6:00</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Clara W. Stearns M.D.</u> | | | | 23b. ADDRESS <u>The Tootle Bldg. St. Joseph, Missouri</u> | | 23c. DATE SIGNED <u>6-1-49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>6-3-49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>June 4, 1949</u> | | REGISTRAR'S SIGNATURE <u>Mo. L. Jenkins</u> | | 382 FUNERAL DIRECTOR'S SIGNATURE <u>Stamey Funeral Home</u> | | ADDRESS <u>St. Joseph, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed Charles M. Harman

Signed _____
Student Embalmer

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.