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

FILED MAR 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3764

BIRTH NO. _____		REG. DIST. NO. 321		PRIMARY REG. DIST. NO. 5109		Registrar's No. 19	
1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>BOLLINGER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL CROOKED CREEK TWP.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL CROOKED CREEK TWP.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HUTESVILLE RURAL</u>				d. STREET ADDRESS (If rural, give location) <u>0090 D</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>DAVID</u>		b. (Middle) <u>LEE</u>		c. (Last) <u>UPCHURCH</u>	
5. SEX <u>M. O</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>11-24-1905</u>	
9. AGE (In years last birthday) <u>45</u>		10. MONTHS <u>3</u>		11. DAYS <u>9</u>		12. IF UNDER 1 YEAR <u>3</u> IF UNDER 12 HRS. <u>9</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>			
11. BIRTHPLACE (State or foreign country) <u>BOLLINGER Co., Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>ROBERT UPCHURCH</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA LINCOLN</u>		14. NAME OF HUSBAND OR WIFE <u>ALDENA UPCHURCH</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 <u>ALDENA UPCHURCH</u> ADDRESS <u>HUTESVILLE, Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____				INTERVAL BETWEEN ONSET AND DEATH <u>4:01</u>	
19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES ☐ NO ☒					
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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>5/2</u> , 19 <u>50</u> , to <u>3/2/51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3/2/51</u> , 19 <u>51</u> , and that death occurred at <u>8 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John J. Myers M.D.</u> (Degree, title)				23b. ADDRESS <u>Hutesville Mo.</u>		23c. DATE SIGNED <u>3/3/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-5-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BAKER CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>HUTESVILLE MO.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 5 1951</u>		REGISTRAR'S SIGNATURE <u>Willie VanLamburgh</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BAKER FUNERAL HOME</u> ADDRESS <u>HUTESVILLE, Mo.</u>			

RECEIVED

MAR 7 1951

DISTRICT HEALTH OFFICE N

No.

MAR 14 1951

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 J. E. Graham

Signed
Student Embalmer

Licensed Embalmer No. 401 D

P. O. Address Luttrell, 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 this body is not embalmed, fact should be so stated above.