

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26462**

FILED AUG 30 1951

BIRTH NO. 51187-51 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 211

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| 1. PLACE OF DEATH a. COUNTY <u>Cole 0264</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u> | | c. LENGTH OF STAY (in this place) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City 0264</u> | |
| | | d. STREET ADDRESS (If rural, give location) <u>Parkview 0</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Marilyn</u> b. (Middle) <u>Faith</u> c. (Last) <u>Upteagrove</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>August 14 1951</u> | | |
|--|--|--|---|--|--|

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|----------------------|-------------------------------|--|---|---------------------------------|------------------|-------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH <u>August 13, 1951</u> | 9. AGE (In years last birthday) | 10. UNDER 1 YEAR | 11. UNDER 24 HRS. |
| | | <u>None</u> | | <u>1</u> | <u>1</u> | <u>1</u> |

| | | | |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | 11. BIRTHPLACE (State or foreign country) <u>Missouri 0</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Benjamin W. Upteagrove</u> | 13b. MOTHER'S MAIDEN NAME <u>Viola E. Kesterson</u> | 14. NAME OF HUSBAND OR WIFE <u>None</u> |
|--|---|---|

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Viola Upteagrove-Parkin</u> | ADDRESS |
|--|-------------------------------------|---|---------|

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>atelectasis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 day</u> | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Premature 6 months</u> | | | <u>2 day</u> |
| | DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | |

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|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| | <u>7625</u> | |

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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) m. | 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 Aug 13, 1951, to Aug 14, 1951, that I last saw the deceased alive on Aug 14, 1951, and that death occurred at 10:40 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>W. Lanajawc MD</u> | 23b. ADDRESS <u>1 Dallmeier</u> | 23c. DATE SIGNED <u>8/14/51</u> |
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|--|------------------------------|--|--|
| 24a. BURIAL, CREMATION, OR REMOVAL (Specify) | 24b. DATE <u>Aug 14 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Ferguson</u> | 24d. LOCATION (City, town, or county) (State) <u>Cole County Mo.</u> |
|--|------------------------------|--|--|

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| DATE REC'D BY LOCAL REG. <u>August 18-1951</u> | REGISTRAR'S SIGNATURE <u>R. P. Norris MD NR 18</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>JAMES H. WOOD - 209 Jefferson</u> | ADDRESS |
|--|--|---|---------|

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

RECEIVED 8-29-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-29-51

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.