S. No. 300
v. 10.48

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

FILED APR 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8140

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY: Harrison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bethany
c. LENGTH OF STAY (In this place): 66 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Monson Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Harrison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bethany, Missouri 0411
d. STREET ADDRESS (If rural, give location): Monson St. 0

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Franklin
c. (Last): Updegraff

4. DATE OF DEATH (Month) (Day) (Year): March 29, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 16, 1885
9. AGE (In years last birthday): 66
If under 1 year: Months: 10 Days: 13
If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Powder Man
10b. KIND OF BUSINESS OR INDUSTRY: Rock Quarry
11. BIRTHPLACE (State or foreign country): Bethany, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Finas Updegraff
13b. MOTHER'S MAIDEN NAME: Nancy Ross
14. NAME OF HUSBAND OR WIFE: Nora Updegraff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 187-14-6337
17. INFORMANT'S SIGNATURE OR NAME: Nora Updegraff
ADDRESS: Bethany, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Dead on Arrival. Coronary sclerosis — 2 years.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.: Asthmatic bronchitis — 10 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
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) m.:
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* October, 1950, *to* 3-29-, 1952, *that I last saw the deceased alive on* 8-15-51, 19 51, *and that death occurred at* 6:20 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leonard R. Lee M.D.
23b. ADDRESS: Bethany, Mo
23c. DATE SIGNED: 3-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 1, 1952
24c. NAME OF CEMETERY OR CREMATORY: Monson Cemetery
24d. LOCATION (City, town, or county) (State): Bethany, Missouri

DATE REC'D BY LOCAL REG.: 4/1/52
REGISTRAR'S SIGNATURE: Zola Burris 116
25. FUNERAL DIRECTOR'S SIGNATURE: Clark L. Foutch
ADDRESS: Bethany, Mo

(Licensed Embalmer's Statement on Reverse Side)

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~~ .....

.....,

working under my personal supervision.

Student Embalmer No. .....

Signed Clark L. Fouts

Signed .....
Student Embalmer

Licensed Embalmer No. 4831

P. O. Address Bethany, 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.