

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15252

FILED MAY 12 1952  
BIRTH NO. REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY <b>Saline</b> <i>0972</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>		c. LENGTH OF STAY (In this place) <b>1 dy</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Grand Pass TWP</b> <i>0973</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Fitzgibbon Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>3 1/2 Mi. S.E. of Waverly</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>WILLIAM</b>	b. (Middle) <b>BERNARD</b>	c. (Last) <b>UPHAUS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 5, 1952</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>May 2, 1918</b>	9. AGE (In years last birthday) <b>34</b>	IF UNDER 1 YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Grain &amp; Livestock</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William M. Uphaus</b>	13b. MOTHER'S MAIDEN NAME <b>Pinke Hibbard</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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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) <b>Yes World War II</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>William M. Uphaus</b>	ADDRESS <b>Waverly, Mo.</b>
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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, ashenia, 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) <b>Very Pneumonia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Anuria</b>		
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 <b>492X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>Marshall Saline Mo.</b>
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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?
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22. I hereby certify that I attended the deceased from **May 4, 1952**, to **May 5, 1952**, that I last saw the deceased alive on **May 5, 1952**, and that death occurred at **11:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John R. Lawrence M.D.</b>	(Degree or title)	23b. ADDRESS <b>Marshall, Mo.</b>	23c. DATE SIGNED <b>MAY 5 52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5-7-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Nebo Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Grand Pass Mo.</b>
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DATE REC'D BY LOCAL REG. <b>May 7-1952</b>	REGISTRAR'S SIGNATURE <b>B. Sidney Gray</b> <i>385</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Harry Hershberger</b>	ADDRESS <b>Marshall, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 29 1952

JUN 6 1955

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.....  
Student Embalmer

Signed.....

*Joseph R. Mackler*  
Licensed Embalmer No. *4571*

P. O. Address *Marshall, Ia*

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.