

STANDARD CERTIFICATE OF DEATH

State File No. **26865**

FILED AUG 1 1952

BIRTH NO. _____		REG. DIST. NO. 335		PRIMARY REG. DIST. NO. 6118		Registrar's No. 29	
1. PLACE OF DEATH a. COUNTY SCOTT ¹⁰⁰⁰ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL SYLVIANA TNSHP c. LENGTH OF STAY (in this place) 12 yrs d. FULL NAME OF HOSPITAL OR INSTITUTION R. F. D. #1 ORAN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SCOTT ¹⁰⁰⁰ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL SYEVAINA TNSHP d. STREET ADDRESS (If rural, give location) R. F. D. #1 ORAN			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) W. c. (Last) UPTAIN		4. DATE OF DEATH (Month) (Day) (Year) JULY 6 1952		5. SEX MALE 0		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JANUARY 14 1878		9. AGE (In years last birthday) 74 # UNDER 1 YEAR Months Days # UNDER 24 HRS. Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ALABAMA		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME JAMES UPTAIN		13b. MOTHER'S MAIDEN NAME LIZA TAYLOR		14. NAME OF HUSBAND OR WIFE MARTHA I. UPTAIN			
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. NONE		17. INFORMANT'S SIGNATURE OR NAME MARTHA I. UPTAIN		ADDRESS ORAN, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		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 <u>June 16, 1952</u> , to <u>June 30, 1952</u> , that I last saw the deceased alive on <u>June 30, 1952</u> , and that death occurred at <u>9:00A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE Andrei C. Henshell D.O.		(Degree or title)		23b. ADDRESS Bloomfield, Mo		23c. DATE SIGNED 7-18-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY 10-1952		24c. NAME OF CEMETERY OR CREMATORY FRIEND CEMETERY		24d. LOCATION (City, town, or county) (State) ORAN SCOTT COUNTY MO.	
DATE REC'D BY LOCAL REG. 7-25-52		REGISTRAR'S SIGNATURE Mustard Bishop 445-0		25. FUNERAL DIRECTOR'S SIGNATURE Carl Y. Smith		ADDRESS ORAN, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 75-83
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 252-232
Jul 26, 52

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 Earl V. Smith
.....

Licensed Embalmer No. 2676

P. O. Address Orew, 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.