

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16892**

FILED APR 27 1953

BIRTH NO. _____		REG. DIST. NO. 372		PRIMARY REG. DIST. NO. 6264		Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY WEBSTER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY WEBSTER			
b. CITY (If outside corporate limits, write RURAL and give township) Rural Hazelwood Twp.		c. LENGTH OF STAY (in this place) 1 1/2		c. CITY (If outside corporate limits, write RURAL and give township) DIGGINS MO		d. STREET ADDRESS Rural Hazelwood Twp 1120	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) LIZZIE			a. (First)	b. (Middle)	c. (Last) UPTON	4. DATE OF DEATH (Month) (Day) (Year) 4-15-53	
5. SEX F	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH AUG. 11-1879		9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and State or Foreign Country) TENN		12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME DAVID OWENS			13b. MOTHER'S MAIDEN NAME MARGRET BRAFSTON		14. NAME OF HUSBAND OR WIFE JOHN UPTON		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME LAURA COOK SEYMOUR 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) coronary thrombus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) asthma 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 4201				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 4-A , 19 53 , to 4-14 , 19 53 , that I last saw the deceased alive on 4-14 , 19 53 and that death occurred at 8 A. m., from the causes and on the date stated above.							
23a. SIGNATURE G. H. Beeson M.D.				23b. ADDRESS Diggins Mo.		23c. DATE SIGNED 4-17-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-18-53	24c. NAME OF CEMETERY OR CREMATORY GENTRY		24d. LOCATION (City, town, or county) (State) WEBSTER CO. MO.		
DATE REC'D BY LOCAL REG. 4-29-53		REGISTRAR'S SIGNATURE Gilbert Jones		FUNERAL DIRECTOR'S SIGNATURE Robert Beeson		ADDRESS	

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

MAY 25 1958

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 Max J Miller

Licensed Embalmer No. 4720

P. O. Address Manfield 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.