

STANDARD CERTIFICATE OF DEATH

State File No.

9309

FILED MAR 31 1954

BIRTH NO. _____ REG. DIST. NO. BI PRIMARY REG. DIST. NO. 4293 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elsberry</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elsberry</u>		0579
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ISAAC</u>		b. (Middle) <u>HARRISON</u>	c. (Last) <u>Uptegrove</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3 - 3 - 1954</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE. <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Johnathon Uptegrove</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Blackerby</u>	14. NAME OF HUSBAND OR WIFE <u>Mabel Uptegrove</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or date of service)	17. INFORMANT'S SIGNATURE OR NAME <u>Mabel Uptegrove</u>		ADDRESS <u>Elsberry</u>	
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>essential hypertension years</u>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>10-24</u> , 19 <u>53</u> , to <u>3-3</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>3-2</u> , 19 <u>54</u> , and that death occurred at <u>9:14</u> a.m., from the causes and on the date stated above.					
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>md.</u>			23b. ADDRESS <u>ELSBERRY, MO</u>		23c. DATE SIGNED <u>3/4/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3/5/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elsberry Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Lincoln Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3/30/54</u>	REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kuntz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clifton Miller</u> ADDRESS <u>Elsberry, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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, May 3-19

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Clifton Miller

Licensed Embalmer No.

3364

P. O. Address

Cherry, 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.