

No. 300
10-48

FILED DEC 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40265

State File No.

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 41

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| 1. PLACE OF DEATH a. COUNTY <u>Butler</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u> | | c. LENGTH OF STAY (In this place) <u>22 hrs.</u> | c. CITY OR TOWN <u>Parma</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| | | • STREET ADDRESS (If rural, give location) <u>0720</u> | |

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|-------------------------------------|-----------------------|------------------------|---------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Ora</u> | b. (Middle) <u>Lee</u> | c. (Last) <u>Upchurch</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 9 1954</u> |
|-------------------------------------|-----------------------|------------------------|---------------------------|--|

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|-----------------|-------------------------------|---|---------------------------------------|---|---|--|
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>Black</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>April 14 1892</u> | 9. AGE (In years last birthday) <u>45</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 4 HRS. Hours _____ Min. _____ |
|-----------------|-------------------------------|---|---------------------------------------|---|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>domestic work</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) <u>Little Rock Ark.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Lee Blackman</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Sam Upchurch (deceased)</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Herman Upchurch, Parma Mo.</u> |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> | | |
| | DUE TO (c) <u>331X</u> | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive Cardiovascular Disease</u> | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 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) _____ |
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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 12-8, 1954, to 12-9, 1954, that I last saw the deceased alive on 12-9, 1954, and that death occurred at 12:00 p.m., from the causes and on the date stated above.

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|---|-------------------------------------|----------------------------------|
| 23a. SIGNATURE (Degree or title) <u>James M. Page, M.D.</u> | 23b. ADDRESS <u>Poplar Bluff Mo</u> | 23c. DATE SIGNED <u>12-10-54</u> |
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| 24. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>Dec 12 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Catron Colored</u> | 24d. LOCATION (City, town, or county) (State) <u>Patma Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>12/11/54</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Watkins Fun. Ser. Patma Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

DEC 13 1954

BUTLER CO. HEALTH CENTER

FILE No. _____

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 _____
Signature of Student Embalmer

Signed Mark Waters _____

Licensed Embalmer No. 4717

P. O. Address Butler Pa

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.