No. 300
10.48

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

FILED DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41275

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1082 Registrar's No. 5328

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 23 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN: R.R. 1
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): Waverly, Mo. 0540

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Martin c. (Last) Uphaus

4. DATE OF DEATH (Month) (Day) (Year): 11-17-1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-5-1876
9. AGE (In years last birthday): 78 — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Stock & Livestock
11. BIRTHPLACE (City and State or Foreign Country): Lafayette co. Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: John Henry Uphaus
13b. MOTHER'S MAIDEN NAME: Caroline Koenig
14. NAME OF HUSBAND OR WIFE: Mrs. ~~Tom~~ PINKE Uphaus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): none (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Pinke Uphaus — **ADDRESS**: Waverly, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Fracture of right hip — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

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.* Cerebral arteriosclerosis with psychosis — years

19a. DATE OF OPERATION: 10/26/54
19b. MAJOR FINDINGS OF OPERATION: Fracture neck of right femur E9037 44
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Robinson Sanitarium
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kansas City Jackson, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 23, 1954 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Accidental fall on floor

22. *I hereby certify that I attended the deceased from* 10/26, 1954, *to* 11/17, 1954, *that I last saw the deceased alive on* 11/17, 1954, *and that death occurred at* 10:10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Herbert A. Hamel (Degree or title): Herbert A. Hamel, M.D.
23b. ADDRESS: 928 Argyle Bldg. Kansas City, Mo.
23c. DATE SIGNED: 11/17/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-17-54
24c. NAME OF CEMETERY OR CREMATORY: Mt. Nebo Cem.
24d. LOCATION (City, town, or county) (State): Grand Pass, Mo.

DATE REC'D BY LOCAL REG.: 11-17-54
REGISTRAR'S SIGNATURE: Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE: Harry Herd Funeral Home
ADDRESS: Marshall, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Ha-0623

JUN 6 1955

DEC 27

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Joseph R. Marshall

Licensed Embalmer No. 457

P. O. Address Marshall

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.