S. No. 300
v. 10.48

FILED JAN 3 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41933

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 470

0804 1

1. PLACE OF DEATH
a. COUNTY: PETTIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SEDALIA
c. LENGTH OF STAY (In this place): 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1615 W 3rd St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: KENTUCKY
b. COUNTY: Not Known
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ARLINGTON 8160
d. STREET ADDRESS (If rural, give location): None 8

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Killian
c. (Last): Upshaw

4. DATE OF DEATH (Month) (Day) (Year): Dec 25, 1954

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept 7, 1875
9. AGE (In years last birthday): 79 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Poplar Bluff, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: David P. Upshaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 400-12-4200
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. U. McKendree, Sedalia, 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): Coronary Artery Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 days

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
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.): ***
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): ***

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): ** m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ***

22. *I hereby certify that I attended the deceased from* 21 Dec, 1954, *to* 25 Dec, 1954, *that I last saw the deceased alive on* 25 Dec, 1954, *and that death occurred at* 9:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glenn A. Walker, D.O.
23b. ADDRESS: Sedalia, Missouri
23c. DATE SIGNED: 26Dec54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/28/54
24c. NAME OF CEMETERY OR CREMATORY: Arlington Cemetery
24d. LOCATION (City, town, or county) (State): Arlington, Kentucky

DATE REC'D BY LOCAL REG.: 12/28/54
REGISTRAR'S SIGNATURE: Irvina Coontz, Deputy 251
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Duane Ewing, Sedalia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

VS NOV 12 1959

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 Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.