

FILED APR 26 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **11726**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Howell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>JACKSON</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY OR TOWN <u>Tecumseh</u>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christa Hogan</u>				e. STREET ADDRESS (If rural, give location) <u>DAWT Township</u> <u>0710</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Green</u> c. (Last) <u>Upton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>13</u> <u>1955</u>					
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>3-24-1866</u>		9. AGE (in years last birthday) Months Days <u>89</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>JACKSON COUNTY Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>DAN UPTON</u>			13b. MOTHER'S MAIDEN NAME <u>Linnia HANA</u>		14. NAME OF HUSBAND OR WIFE <u>Ollie May Thompson deceased</u>			
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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>O.H. Upton</u> ADDRESS <u>West Plains Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of bladder</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</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>Generalized arteriosclerosis</u> <u>10 yrs.</u>						
19a. DATE OF OPERATION <u>1953</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of bladder</u> <u>181X</u>						
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) _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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>4/9/55</u> , 19____, to <u>4/13/55</u> , 19____, that I last saw the deceased alive on <u>4/12/55</u> , 19____, and that death occurred at <u>12:20A.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>H. Callahan</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>West Plains, Missouri</u>		23c. DATE SIGNED <u>4/15/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-15-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Smith Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>JACKSON COUNTY Mo.</u>			
DATE REC'D BY LOCAL REG. <u>4-20-55</u>		REGISTRAR'S SIGNATURE <u>Blodys Tamm</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clinkingbeard</u> ADDRESS <u>Lewisville Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

.874

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 *John R. Elsey*.....

Licensed Embalmer No. *988*.....

P. O. Address *Gainesville*.....

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.