

STANDARD CERTIFICATE OF DEATH

432 State File No. _____
 22905
 Registrar's No. 31

FILED AUG 1 - 1955

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5761

1. PLACE OF DEATH a. COUNTY <p align="center">Marion</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <p align="center">Missouri</p> b. COUNTY <p align="center">Marion</p>	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN <p align="center">Palmyra</p>		c. CITY OR TOWN <p align="center">Hannibal</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">Maple Lawn Rest Home</p>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) <p align="center">Daniel</p>		c. (Last) <p align="center">Uplinger</p>	
4. DATE OF DEATH <p align="center">July 17, 1955</p>		5. STREET ADDRESS <p align="center">811 Lindell</p>	

3. NAME OF DECEASED (Type or Print) <p align="center">Daniel</p>	a. (First)	b. (Middle)	c. (Last) <p align="center">Uplinger</p>	4. DATE OF DEATH <p align="center">July 17, 1955</p>
5. SEX <p align="center">Male</p>	6. COLOR OR RACE <p align="center">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">Widowed</p>	8. DATE OF BIRTH <p align="center">October 6, 1870</p>	9. AGE (In years last birthday) <p align="center">84</p>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">Retired</p>	10b. KIND OF BUSINESS OR INDUSTRY <p align="center">Carpenter</p>	11. BIRTHPLACE (City and State or Foreign Country) <p align="center">Armstrong County, Penn.</p>		12. CITIZEN OF WHAT COUNTRY? <p align="center">U.S.A.</p>

13a. FATHER'S NAME <p align="center">John Uplinger</p>	13b. MOTHER'S MAIDEN NAME <p align="center">Jemmia Flomyria</p>	14. NAME OF HUSBAND OR WIFE <p align="center">Emma Uplinger</p>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">no none</p>	16. SOCIAL SECURITY NO. <p align="center">none</p>	17. INFORMANT'S SIGNATURE OR NAME <p align="center">Mrs. Edgar Knight</p>
ADDRESS		<p align="center">Hannibal, Mo.</p>

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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p align="center">Senile Dementia</p>		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) _____ 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 <p align="center">none</p>	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:41 p.m., from the causes and on the date stated above.

23a. SIGNATURE <p align="center">E.M. Lude</p>	(Degree or title)	23b. ADDRESS <p align="center">910 Broadway, Hannibal</p>	23c. DATE SIGNED <p align="center">7-18-55</p>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">Burial</p>	24b. DATE <p align="center">July 19, 1955</p>	24c. NAME OF CEMETERY OR CREMATORY <p align="center">Mt. Olivet Cemetery</p>	24d. LOCATION (City, town, or county) (State) <p align="center">Hannibal, Missouri</p>
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DATE REC'D BY LOCAL REG. <p align="center">7/19/55</p>	REGISTRAR'S SIGNATURE <p align="center">E.M. Lude</p>	189	25. FUNERAL DIRECTOR'S SIGNATURE <p align="center">W. H. ...</p>	ADDRESS <p align="center">Hannibal, Mo.</p>
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RECEIVED JUL 28 1958

MARION CO. HEALTH DEPT.

DATE FILED JUL 28 1958

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *H. Crawford Smith*

Licensed Embalmer No. 38

P. O. Address *Hamm*

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