

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25270**

BIRTH NO. _____		REG. DIST. NO. <u>31</u>		PRIMARY REG. DIST. NO. <u>5108</u>		Registrar's No. <u>16</u>	
1. PLACE OF DEATH a. COUNTY <u>BENTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BENTON</u>			
b. CITY OR TOWN <u>RURAL WILLIAMSTON</u>		c. LENGTH OF STAY (in this place) <u>10 years</u>		c. CITY OR TOWN <u>RURAL WILLIAMS TWP 00 80</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>8 MILES NORTHWEST OF STOVER</u>				d. STREET ADDRESS (If rural, give location) <u>8 MILES NORTHWEST OF STOVER</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>TLA</u> b. (Middle) <u>STELLA</u> c. (Last) <u>UPTEGROVE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 28 1955</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>OCT 11, 1883</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>17</u>	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (State or foreign country) <u>COLE COUNTY MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JIM SCOTT</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY DAWSON</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN UPTEGROVE</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 ADDRESS <u>KENNETH UPTEGROVE COLE CAMP 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, asphyxia, 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 liver</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u> DUE TO (c) <u>1561A</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary tuberculosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 mo.</u> <u>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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 <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>Aug 11, 1955</u> to <u>Aug 27, 1955</u> , that I last saw the deceased alive on <u>Aug 27, 1955</u> , and that death occurred at <u>3:50 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. L. Wickhoff M.D.</u>				23b. ADDRESS <u>Verdeille, Mo.</u>		23c. DATE SIGNED <u>8-29-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Aug 30 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>STOVER CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>STOVER MO.</u>		
DATE REC'D BY LOCAL REG. <u>Aug 29, 1955</u>		REGISTRAR'S SIGNATURE <u>E. L. Wickhoff 394</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. H. Stevenson Stover Mo</u>			

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

0080

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

J. H. Stevenson

Licensed Embalmer No. *4073*

P. O. Address *Stover 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.