

FILED JAN 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1079

BIRTH NO.		REG. DIST. NO. 133		PRIMARY REG. DIST. NO. 3022		Registrar's No. 22			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY Harrison		b. CITY (If outside corporate limits, write RURAL and give township) Bethany		a. STATE Missouri		b. COUNTY Harrison			
c. LENGTH OF STAY (in this place) 5 days		c. CITY OR TOWN Ridgeway		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION Moll Memorial Hospital				e. STREET ADDRESS (If rural, give location) 410					
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX			
a. (First) CHARLES		b. (Middle) JOHNSON		c. (Last) UPDEGRAFF		6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 25, 1886		9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			
11. BIRTHPLACE (City and State or Foreign Country) Bethany, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William Franklin Updegraff		13b. MOTHER'S MAIDEN NAME Amanda Hutchens			
14. NAME OF HUSBAND OR WIFE Elsie Updegraff (deceased)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I		16. SOCIAL SECURITY NO. 493-18-0075		17. INFORMANT'S SIGNATURE OR NAME Mrs. Cora Coleman, Bethany, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				Left heart failure				2 hrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b)				Atrial fibrillation	
				DUE TO (c)				Arteriosclerotic heart disease	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								3 days	
								3 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		4200			
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 <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 6-1, 1950, to 1-9, 1957, that I last saw the deceased alive on 1-9, 1957, and that death occurred at 10:30 p. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Miriam Leckert M.D.				23b. ADDRESS Bethany, Missouri		23c. DATE SIGNED 1-12-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 13, 1957		24c. NAME OF CEMETERY OR CREMATORY Miriam Cemetery		24d. LOCATION (City, town, or county) (State) Bethany, Missouri			
DATE REC'D BY LOCAL REG. 1/12/57		REGISTRAR'S SIGNATURE Zola Burris		25. FUNERAL DIRECTOR'S SIGNATURE Clark L. Bontal		ADDRESS Bethany, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 21 1957

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..... *Clark L. Foutch*

Licensed Embalmer No. *483*

P. O. Address *Bethany*

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.