

FILED MAY 9 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12080

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 5105 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY Benton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Benton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Union Township		c. CITY OR TOWN Edwards	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 6 Miles N and E Edwards		e. STREET ADDRESS (If rural, give location) 0080	

3. NAME OF DECEASED (Type or Print) Annie	a. (First) (None)	b. (Middle) (None)	c. (Last) Upton	4. DATE OF DEATH (Month) (Day) (Year) April 16 1957
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH April 12, 1868	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 4	IF UNDER 1 HRS. Hours 	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm Owner	11. BIRTHPLACE (City and State or Foreign Country) Ionia, Mo		12. CITIZEN OF WHAT COUNTRY? U. S. A.			

13a. FATHER'S NAME William W. Upton	13b. MOTHER'S MAIDEN NAME Julanna Upton	14. NAME OF HUSBAND OR WIFE Mrs J H McCampbell Windsor, Mo
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs J H McCampbell Windsor, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory Failure.		INTERVAL BETWEEN ONSET AND DEATH Ins.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis with myocardial Inf. DUE TO (c) Arteriosclerosis -		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility			many years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	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 **April 20, 1957** to **Nov 1, 1953** that I last saw the deceased alive on **Nov 1, 1953** and that death occurred at **Edwards, Mo.**, from the causes and on the date stated above.

23a. SIGNATURE James D. Logan M.D.	(Degree or title)	23b. ADDRESS Warrens, Mo.	23c. DATE SIGNED Apr 22 1957
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 22, 1957	24c. NAME OF CEMETERY OR CREMATORY Cable Ridge	24d. LOCATION (City, town, or county) (State) Edwards Camden Co Mo.

DATE REC'D BY LOCAL REG. Apr 22 1957	REGISTRAR'S SIGNATURE James D. Logan	25. FUNERAL DIRECTOR'S SIGNATURE John A. Reese	ADDRESS Warrens, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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SEP 25 1958

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 J. Reese*
Licensed Embalmer No. *4098*

P. O. Address *Warsaw*

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.