

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20846**

FILED JUN 24 1957

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>490</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u> b. CITY OR TOWN <u>Clinton</u> c. LENGTH OF STAY (in this place) <u>2 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u> c. CITY OR TOWN <u>Cole Camp</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>R.F.D. #1</u> <u>0080</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>H.</u> c. (Last) <u>Upton</u>				4. DATE OF DEATH (Month) <u>June</u> (Day) <u>12</u> (Year) <u>1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widower</u>		8. DATE OF BIRTH <u>April 6 1883</u>	
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jobe Upton</u>				13b. MOTHER'S MAIDEN NAME <u>Elizabeth Burch</u>		14. NAME OF HUSBAND OR WIFE <u>Lottie Annie Upton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown) <u>no</u> (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Martha Irene Harms</u> ADDRESS <u>Cole Camp</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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Decompensated Pulmonary</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>surgical shock</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Perforated Duodenal ulcer</u>				INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>			
19a. DATE OF OPERATION <u>6-10-57</u>		19b. MAJOR FINDINGS OF OPERATION <u>Adeno Carcinoma</u>				20. AUTOPSY? <u>2</u> 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) _____ (Minute) _____		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>6-10</u> , 19 <u>57</u> , to <u>6-11</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>6-11</u> , 19 <u>57</u> , and that death occurred at <u>6:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm. C. Sunderwirth D.O.</u>				23b. ADDRESS <u>Clinton, Mo.</u>		23c. DATE SIGNED <u>6-12-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-14-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Ridge Cem.</u>		24d. LOCATION (City, town, or county) <u>Green Ridge</u> (State) <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-17-57</u>		REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros</u> ADDRESS <u>Sedalia</u>			

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

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.....

Licensed Embalmer No. 315

P. O. Address Sedalia

- 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.