

MICHIGAN DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 28 1959

59-024108

STATE FILE NUMBER

Registration District No. 032 Primary Registration District No. _____ Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Crooked Creek</u> Length of stay in lb <u>1 day</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hurricane Fork Church</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>3950 Shaw</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>WILBURN</u> Middle <u>A</u> Last <u>UPCHURCH</u>				4. DATE OF DEATH Month <u>July</u> Day <u>18</u> Year <u>1959</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/12/1901</u>	9. AGE (last birthday) <u>58</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>car foundry</u>		11. BIRTHPLACE (City and state or country) <u>Marble Hill, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>John Upchurch</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Lincoln</u>		14. NAME OF HUSBAND OR WIFE <u>Mae Fulbright Upchurch</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>497-05-0079</u>		17. INFORMANT Address <u>Mae Upchurch St. Louis Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute circulatory Failure</u> DUE TO (b) <u>Coronary Artery Occlusion</u> DUE TO (c) <u>Coronary Atherosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____			
21. I attended the deceased from <u>dead upon arrival</u> and last saw her _____ him <u>alive on</u> _____ Death occurred at <u>9:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Gene Ward</u> <u>Coroner</u>			22b. ADDRESS <u>Fultonville, Mo.</u>		22c. DATE SIGNED <u>July 20, 1959</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>7-21-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hurricane Fork</u>		23d. LOCATION (City, town, or county) <u>Bollinger Co., Mo.</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Gene Ward, Fultonville, Mo</u>			25. DATE RECD. BY LOCAL REG. <u>7/22/59</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Buford Crader</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 26 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Kenneth Liley Student Embalmer No. 579

working under my personal supervision.

Student *Kenneth Liley*
Signature of Student Embalmer

Signed *R. O. Laine*

Licensed Embalmer No. 4538

P. O. Address Jackson,

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