

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 29 1960

60-009852

STATE FILE NUMBER

Registration District No. 032 Primary Registration District No. 4042 Registrar's No. 30

DED

1. PLACE OF DEATH a. COUNTY Bollinger				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Bollinger			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lutesville		Length of stay in lb life		c. CITY OR TOWN Lutesville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HATTIE Middle UPCHURCH Last UPCHURCH				4. DATE OF DEATH Month 3 Day 20 Year 1960			
5. SEX FM	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-15-89	9. AGE (last birthday) 71	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) Store Clerk		10b. KIND OF BUSINESS OR INDUSTRY Groc. Store		11. BIRTHPLACE (City and state or country) Bollinger County U.S.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Francis Bridges		13b. MOTHER'S MAIDEN NAME Marcella Presnell		14. NAME OF HUSBAND OR WIFE Hubert Upchurch			
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. ---		17. INFORMANT Hubert Upchurch Lutesville Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cornary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) ---						INTERVAL BETWEEN ONSET AND DEATH	
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 9:30 a.m. p.m. Month, Day, Year 3/5/60	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Lutesville Mo		COUNTY Bollinger		STATE Mo	
21. I attended the deceased from 3/5/60 to 3/20/60 and last saw her alive on 3/16/60 Death occurred at 9:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE John J. Myers DO (Degree or title)				22b. ADDRESS Lutesville Mo		22c. DATE SIGNED 3/23/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 3-22-60	23c. NAME OF CEMETERY OR CREMATORY Bollinger Co. Mem.		23d. LOCATION (City, town, or county) Lutesville, Mo		(State)	
24. FUNERAL DIRECTOR Gene Ward Lutesville		ADDRESS ---		25. DATE RECD. BY LOCAL REG. 3/26/60		26. REGISTRAR'S SIGNATURE Mr. Buford Crader	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Henneth Liley

Licensed Embalmer No. 5086

P. O. Address Luttwille,

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.