

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

68-043668

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 296

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

DATE OF DEATH NOV 26 1963

PLACE OF DEATH

a. COUNTY Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Clinton

Length of stay in 1b
15 da

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Wetzel Hospital

Inside Limits
Yes ☒ No ☐

c. CITY OR TOWN Fristoe

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
EMMA LULU UPTON

4. DATE OF DEATH Month Nov Day 18, Year 1963

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 3/31/85

9. AGE (last birthday) 78

IF UNDER 1 YEAR Months Days Hours Min.
IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME

NAME OF HUSBAND OR WIFE

S.B. Hoge

Eva Bell Covalt

William R. Upton

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

No

Unknown

William R. Upton Warsaw RR, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Anoxia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Acute Gastrointestinal Hemorrhage
DUE TO (c) Perforated Gastric Ulcer - Stress

INTERVAL BETWEEN ONSET AND DEATH

30 Min.

30 Min.

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.

Multiple Fractures, Contusions, Abrasions, Auto Accident

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
Two car auto accident 10/26/63

20c. TIME OF INJURY Hour 10:30 Month, Day, Year 10/26/63

Near Warsaw, Mo. Benton County

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Street or Highway

20f. CITY, TOWN, OR LOCATION COUNTY STATE
Warsaw Benton Mo.

21. I attended the deceased from 10/26/63 to 11/18/63 and last saw her alive on 6:00 P.M. 11/18

Death occurred at 11/18/63 6:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Carroll R. Wetzel

22b. ADDRESS
105 E. Ohio, Clinton, Mo.

22c. DATE SIGNED
11/19/63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
11/21/63

23c. NAME OF CEMETERY OR CREMATORY
Fristoe Cemetery

23d. LOCATION (City, town, or county) (State)
Benton Co. Mo.

24. FUNERAL DIRECTOR ADDRESS
John F. Reser Warsaw, Mo.

25. DATE RECD. BY LOCAL REG.
Nov. 20, 1963

26. REGISTRAR'S SIGNATURE
Mildred Bigum

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

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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 Eugene R. Consaluel

Licensed Embalmer No. 4680

P. O. Address Clinton, Mo

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.

Permit Obtained 11-20-65 (118)