

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25152**
Registrar's No. **46**

FILED JUL 21 1952

BIRTH NO.		REG. DIST. NO. 223		PRIMARY REG. DIST. NO. 4334		Registrar's No. 46	
1. PLACE OF DEATH a. COUNTY Moniteau Co 0680				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau 0680			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Latham, Mo Piolat Grove 3 11				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Latham, Mo Piolat Grove 0			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Latham, Mo				d. STREET ADDRESS (If rural, give location) Latham, MO			
3. NAME OF DECEASED (Type or Print)		a. (First) James		b. (Middle) Walter		c. (Last) Uptergrove	
4. DATE OF DEATH		(Month) 7 (Day) 15 (Year) 52		5. SEX Male <input checked="" type="checkbox"/>		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		Married		8. DATE OF BIRTH May 27. 1871		9. AGE (In years last birthday) 81 <input type="checkbox"/> UNDER 1 YEAR 1 MONTH 18 DAYS <input type="checkbox"/> UNDER 1 WEEK 1 HOUR 1 MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John H. Uptergrove		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Uptergrove			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Alva D. Uptergrove Latham, Mo ADDRESS			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 42221				20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from 6-18, 1946 , to 7-15, 1952 ; that I last saw the deceased alive on 7-13, 1952 , and that death occurred at 9/20 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Scuyon Latham M.D. (Degree or title)		23b. ADDRESS California, Mo.		23c. DATE SIGNED 7-16-52			
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 1/17/52		24c. NAME OF CEMETERY OR CREMATORY Highland Cemt		24d. LOCATION (City, town, or county) (State) R.F.D. Latham, Mo	
DATE REC'D BY LOCAL REG. 7-17-52		REGISTRAR'S SIGNATURE Mrs. F.W. Scott, Deputy		25. FUNERAL DIRECTOR'S SIGNATURE Earl Bowlin, California ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Earl Pouchin

Licensed Embalmer No. 7126

P. O. Address California

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 this body is not embalmed, fact should be so stated above.