

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

40603

Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 735
 (b) Township Sugar-Creek Primary Registration District No. 3034
 (c) City Moberly (d) Street No. Hallack 402 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 220

2. PRINT FULL NAME David Franklin Utterback

(a) Residence, No. 361 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Betty McOwen
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/21/1855
 7. AGE YEARS 84 MONTHS 2 DAYS 5 If LESS than 1 day,hrs. ormin.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28 1939
 22. I HEREBY CERTIFY That I attended deceased from Nov 25 1939 to Nov 28 1939
 I last saw him alive on Nov 28 1939, Death is said to have occurred on the date stated above, at 11:30 a.m.
 The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

Bright's Disease
 Date of death Nov 28 1939

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas County, Ill

Other contributory causes of importance:

FATHER 13. NAME David Utterback

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Nancy Clark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Tom Fielding
Evansville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE Nov 30, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred A. Thompson
Madison, Mo

20. FILED Nov 29 1939 Local Registrar

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify no
 (Signed) M. B. ... M.D.
 (Address) Moberly, Mo

RECEIVED

District Health Officer No. 10

District File Number 12-39-2205

Date Filed DEC 12 1939

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Paul A. Thompson

Licensed Embalmer No. 1420

P. O. Address Medina, Mo.

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 this body is not embalmed, above space should be left blank.