

S. No. 900
 MAY 8 - 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

13464

State File No.

1540
 3

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>5642</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Alma, Rural</u>			c. LENGTH OF STAY (In this place)			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville 0541</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>Upper One</u>					
3. NAME OF DECEASED a. (First) <u>Ms Matilda</u> (Type or Print)			b. (Middle)		c. (Last) <u>Utlaunt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 30 1952</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>July 28-1874</u>		9. AGE (In years) (Months) (Days) <u>77 9 2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Halslein Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ernst Kersten</u>			13b. MOTHER'S MAIDEN NAME <u>Luetta Hoelcher</u>			14. NAME OF HUSBAND OR WIFE <u>Fred Utlaunt</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ym. no. or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Walter Mueller Alma Mo</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u>						INTERVAL BETWEEN ONSET AND DEATH <u>15 min.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>						Years	
		DUE TO (c) <u>Hypertensive cardio-vascular disease</u>						Years	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443 X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)					
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"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Jan. 1947</u> , to <u>30 April</u> , 1952, that I last saw the deceased alive on <u>29 April</u> , 1952, and that death occurred at <u>10:20 a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Robert S. Best</u> (Degree or title) <u>Dr. D.</u>				23b. ADDRESS <u>Higginsville, Mo.</u>				23c. DATE SIGNED <u>5/1/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 2-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grand Pass</u>		24d. LOCATION (City, town, or county) (State) <u>Grand Pass Mo.</u>			
DATE REC'D BY LOCAL REG. <u>4-30-52</u>		REGISTRAR'S SIGNATURE <u>Clayton W. Lord</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Minershausen</u>		ADDRESS <u>Higginsville Mo.</u>			

JUN 3 1941

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
Student Embalmer

Signed *By J. Wiegens* _____

Licensed Embalmer No. *2883* _____

P. O. Address *Higginsville 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 this body is not embalmed, fact should be so stated above.