

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

0250 23963  
State File No. 60

**DEAD** JUL 29 1952

75

5301

Registrar's No. 60

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Clinton</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Shoal</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>1/2 mile East of Cameron Highway 36</u>		d. STREET ADDRESS (If rural, give location) <u>Rural - Shoal Township</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 mile East of Cameron Highway</u>				d. STREET ADDRESS (If rural, give location) <u>Rural - Shoal Township</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u>			b. (Middle) <u>James</u>		c. (Last) <u>Utke</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 22 52</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug 22 1895</u>		9. AGE (In years last birthday) <u>56</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>alta Vista Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Charles Utke</u>			13b. MOTHER'S MAIDEN NAME <u>Julie Geir</u>			14. NAME OF HUSBAND OR WIFE <u>Ella Utke</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ella Utke Cameron Mo</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>					INTERVAL BETWEEN ONSET AND DEATH <u>After</u>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____							
		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>331X</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) (m.) _____		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>7-22-52</u> , to <u>7-22-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>7-20-52</u> , 19 <u>52</u> , and that death occurred at <u>12 p</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Type or Print) <u>Harry James Utke</u>				23b. ADDRESS <u>Cameron Mo</u>		23c. DATE SIGNED <u>7-22-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-24-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>McDaniel</u>		24d. LOCATION (City, town, or county) (State) <u>Cameron Mo</u>			
DATE REC'D BY LOCAL REG. <u>7-23-52</u>		REGISTRAR'S SIGNATURE <u>Winifred W. Mosler</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Palmer Fancut</u>		ADDRESS <u>Home Cameron</u>			

0250  
1

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Robert F. Poland*

Licensed Embalmer No. *4777*

P. O. Address *Camden*

**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.