

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **35555**

FILED NOV 9 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>110</u>		PRIMARY REG. DIST. NO. <u>5425</u>		Registrar's No. <u>36</u>			
1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>FRANKLIN</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL BOEUF</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>NEW HAVEN</u>		0360			
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)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JERRY</u> b. (Middle) <u>LEE</u> c. (Last) <u>MAGZUK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-9-53</u>						
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Nov. 14, 1932</u>			
9. AGE (In years last birthday) <u>20</u>		10. MONTHS <u>11</u>		11. DAYS <u>19</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 1 YEAR Hours Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MO</u>			
12. CITIZEN OF WHAT COUNTRY? <u>US</u>			13a. FATHER'S NAME <u>WM. LESLIE UTRAGE</u>		13b. MOTHER'S MAIDEN NAME <u>LUCILLE ADAMS</u>		14. NAME OF HUSBAND OR WIFE <u>HAROLD MAGZUK</u>		
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'S SIGNATURE OR NAME <u>Leslie Utrage St Louis Mo</u>			ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>In auto accident on Hwy. 100</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>skull broken, right leg,</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>6 miles N of Washington Mo.</u> DUE TO (c) <u>Crushed chest, Fractured</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						21. DATE SIGNED <u>Nov. 3, 1953</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accidents</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>by # 100</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Washington Boeuff Franklin Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 2, 1953</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Lost Control of Car in Fog.</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Christ L. Oltmann</u> ³ <u>CORNER</u>				23b. ADDRESS <u>Jessard Mo.</u>		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-5-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Northaven Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Northaven Mo</u>			
DATE REC'D BY LOCAL REG. <u>11-4-53</u>		REGISTRAR'S SIGNATURE <u>Edna D. Jungel</u> <u>475-0</u>		25. LICENSED DIRECTOR'S SIGNATURE <u>L. B. Bertig</u>		ADDRESS <u>San Northaven Mo</u>			

(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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Earl Fertig*.....

Licensed Embalmer No. *3383*.....

P. O. Address *Heaven*.....

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.