

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41406

State File No.

FILED DEC 29 1955

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5792 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Monroe</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Madison rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Madison</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <u>RR</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Weaver</u> b. (Middle) <u>Alford</u> c. (Last) <u>Utterback</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-18-55</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>8/25/1892</u>	9. AGE (In years) (at birthday) <u>63</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Madison Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Sam Utterback</u>	13b. MOTHER'S MAIDEN NAME <u>Olivia Clark</u>	14. NAME OF HUSBAND OR WIFE <u>Jessie Utterback</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>486-18-7505</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jessie Utterback</u> ADDRESS <u>Madison Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		<u>26 hrs</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>		<u>3 yrs</u>
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331x</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 12-17, 1955, to 12-18, 1955, that I last saw the deceased alive on 12-17, 1955 and that death occurred at 12:25 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J.R. Turner D.O.</u>	23b. ADDRESS <u>Madison Mo</u>	23c. DATE SIGNED <u>12-19-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/19/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sweet Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Madison Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-20-55</u>	REGISTRAR'S SIGNATURE <u>Blue Robertson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred A. Thompson</u> ADDRESS <u>Madison Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
48
590

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 Mr. Fred K. Kump

Licensed Embalmer No. 3282

P. O. Address Medicine Hat

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.