

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21564

STATE FILE NUMBER
5-5-78 REGISTRAR'S NO. 106

FILED JUN 20 1957

Registration District No. 155 Primary Registration District No. 55-78 Registrar's No. 106

1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN <i>Township</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOPE MANOR REST HOME			Length of stay in lbs 32 yrs		d. STREET ADDRESS 12 & DUCUESNE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ZIMRI EDWIN UTTER				4. DATE OF DEATH Month Day Year 6 7 1957			
5. SEX MALE <input checked="" type="checkbox"/>	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 6-14-1869		9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY HARDWARE		11. BIRTHPLACE (City and state or country) CASSVILLE, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME E.B. UTTER				14. MOTHER'S MAIDEN NAME MARY RUSSELL			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address OPAL LUCILLE SNODGRASS JOPLIN, MO			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arterio Sclerotic Heart Disease + Arteriosclerosis</i> <i>Generalized complicated by Fract Hip (Hgt)</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>H200F</i>							INTERVAL BETWEEN ONSET AND DEATH <i>2 MONTHS</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month Day Year <i>9 a.m. 4 2 57</i>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>HOME</i>		20f. CITY, TOWN, OR LOCATION <i>Joplin</i>		COUNTY <i>JASPER</i>	STATE <i>MO</i>
21. I attended the deceased from <i>Apr. 3, 1957</i> to <i>6/7/57</i> and last saw <i>him</i> <input checked="" type="checkbox"/> alive on <i>6-5-57</i> Death occurred at <i>7:00 PM</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>H. Schulte</i> (Degree or title) <i>0</i>				22b. ADDRESS 2125 Jackson Ave, Joplin, Mo		22c. DATE SIGNED 6/10/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 6-10-1957	23c. NAME OF CEMETERY OR CREMATORY PIERCE CITY CEMETERY		23d. LOCATION (City, town, or county) (State) PIERCE CITY MO		
24. FUNERAL DIRECTOR HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO			ADDRESS	25. DATE RECD. BY LOCAL REG. <i>6-10-57</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. Madeline Switzer</i>		

(Licensed Embalmer's Statement on Reverse Side)

th, Ifare lie vice
 00
 4
 1957
 4
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 Director, coroner, or physician
 74

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
Signature of Student Embalmer

Signed *Richard Gray Lew*

Licensed Embalmer No. 44

P. O. Address *Walt*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.