

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009588
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 337 Primary Registration District No. 4498 Registrar's No. _____

FILED FEB 28 1962

VS 300
Rev. 4/59

1 1020
2 0640
3
4 0
5 0
6
7 0
8 2
9 X
10
11 102
12 91-3
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Shelby			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Madison		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hunnewell Mo.		Length of stay in 1b ---	c. CITY OR TOWN Monroe City		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION Route V. Crossing C.B.&Q. Railroad			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.F.D. #3.	
3. NAME OF DECEASED (Type or print) G.J. Utterback			4. DATE OF DEATH February 17, 1962.		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/9/1939	9. AGE (last birthday) 22	IF UNDER 1 YEAR Months 7 Days 8 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Gen. Hauling		11. BIRTHPLACE (City and state or country) Monroe County, Mo	
12. CITIZEN OF WHAT COUNTRY U.S.		13. NAME OF HUSBAND OR WIFE Single			
13a. FATHER'S NAME Harold Utterback		13b. MOTHER'S MAIDEN NAME Iela Fitzsimmons		17. INFORMANT Harold Utterback, Monroe City Mo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <input type="checkbox"/> No <input checked="" type="checkbox"/> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 0		
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed Skull					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Being hit by C.B & Q freight train on High Way crossing in Hunnewell, Mo.					
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Same as above				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) C.B. & Q Freight Train and Car wreck.	
20c. TIME OF INJURY 3:45		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Hunnewell		COUNTY STATE Shelby Mo	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 3:43 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Lucille Freeman</i>			22b. ADDRESS Bethel, Missouri		22c. DATE SIGNED 2/22/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/20/1962		23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery.	
24. FUNERAL DIRECTOR Harold Garner, Monroe City, Mo.		23d. LOCATION (City, town, or county) Hunnewell, Mo.		25. DATE RECD. BY LOCAL REG. Feb 27, 1962	
				26. REGISTRAR'S SIGNATURE <i>Lucille Freeman</i>	

MAR 6 1962

AUG 21 1962

JUL 31 1963

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 *James H. ...*

Licensed Embalmer No. 3720

P. O. Address *Monroe City, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.