

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-017119

STATE FILE NUMBER

Registration District No. 228 Primary Registration District No. 4413 Registrar's No. 67

FILED MAY 15 1963

DO NOT WRITE ON THIS STUB	AMENDED				
VS 300 Rev. 4/59	DATE AMENDED				
1 <u>0820</u>	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS				
2 <u>0890</u>	INSTEAD OF				
3 <u>2</u>	DOCUMENT				
4 <u>1</u>	MEDICAL CERTIFICATION				
5 <u>2</u>	BY AFFIDAVIT OF				
6					
7 <u>0</u>					
8 <u>0</u>					
9 <u>X</u>					
10 <u>X</u>					
11 <u>069</u>					
12 <u>90-2</u>					
13 <u>2-0</u>					

1. PLACE OF DEATH COUNTY <u>Pike</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, give TOWNSHIP only) OR TOWN <u>Frankford</u>		Length of stay in 1b <u>8 Days</u>	c. CITY OR TOWN <u>Monroe City</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>319 Catherine St</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>SARA ELIZABETH. Utterback</u>		4. DATE OF DEATH Month Day Year <u>MAY 8. 1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 8. 1892</u>
9. AGE (last birthday) <u>80</u>		# UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and state or country) <u>Lewis County Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Milton CRUSER.</u>	
13b. MOTHER'S MAIDEN NAME <u>Malisa HALL</u>		13c. NAME OF HUSBAND OR WIFE <u>JAMES G. UTTERBACK</u>	
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>[REDACTED]</u>	
17. INFORMANT <u>DR. STEVEN R. HASE HANDICAPED</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypostatic Pneumonia</u> DUE TO (b) <u>old age and severe fall</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 type="checkbox"/>	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 a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>May 7 - 1963</u> to <u>May 8 '63</u> and last saw her alive on <u>May 7, 1963</u> Death occurred at <u>6:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>E. P. Hansen DO.</u>		22b. ADDRESS <u>Frankford Mo.</u>	22c. DATE SIGNED <u>5-8-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 10 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Andrew Chapel</u>	23d. LOCATION (City, town, or county) (State) <u>Marion Co. Mo</u>
24. FUNERAL DIRECTOR <u>Wilson & Son</u>		25. DATE RECD. BY LOCAL REG. <u>5-9-1963</u>	26. REGISTRAR'S SIGNATURE <u>Berniece Collins</u>

(Licensed Embalmer's Statement on Reverse Side)

JUN 21 1968

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 me Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leslie L. Nelson

Licensed Embalmer No. 3014

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.