

FILED OCT 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32644

State File No.

BIRTH NO.		REG. DIST. NO. <u>84</u>		PRIMARY REG. DIST. NO. <u>5320</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>Cooper</u> b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Palestine Twsp.</u> c. LENGTH OF STAY (in this place) <u>6 Years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u> c. CITY OR TOWN <u>Boonville</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> STREET ADDRESS (If rural, give location) <u>Palestine Twsp.</u> <u>0270</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Troy</u> b. (Middle) <u>Utlaut.</u> c. (Last) <u>Utlaut.</u>		4. DATE OF DEATH (Month) <u>October</u> (Day) <u>10</u> (Year) <u>1955</u>		5. SEX <u>Male</u> 0		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 16 1902</u>		9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Champis, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Louis Utlaut.</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ruff.</u>		14. NAME OF HUSBAND OR WIFE <u>Myrtle Clark Utlaut.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u> (If yes, give war or dates of service) -----		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Troy Utlaut, Boonville, Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic Heart disease with old myocardial infarction</u> DUE TO (c) <u>Coronary atherosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>H200</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> <u>About 1 year</u> <u>About 1 year</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>-</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>-</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>-</u>			
22. I hereby certify that I attended the deceased from <u>Jan.</u> , 19 <u>55</u> , to <u>Oct. 10</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Oct. 8</u> , 19 <u>55</u> , and that death occurred at <u>11:50A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>William A. Abel, M.D.</u> (Degree or title)				23b. ADDRESS <u>329 Main St., Boonville, Mo.</u>		23c. DATE SIGNED <u>Oct. 12, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/13/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Oct 12-1955</u>		REGISTRAR'S SIGNATURE <u>Hellie Thullett</u> <u>73</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Goodman & Boller, Boonville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 27 1956

APR 27

1956

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 William N. Wood

Licensed Embalmer No. 4531

P. O. Address Boonville, 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.

EX-101-6111-261-6130