

Registration District No. 583

Primary Registration District No. 5781

Registrar's No. 11

1. PLACE OF DEATH:

(a) County MONROE  
(b) City or town RURAL - JEFFERSON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution ✓  
(Specify whether  
In this community 2 1/2 yrs  
years, months or days)

3. (a) PRINT FULL NAME FREDRICK A. UTTEBACK

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife HATTIE UTTEBACK 6. (c) Age of husband or wife if alive 8 years

7. Birth date of deceased AUG. 8, 1877  
(Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 3 If less than one day hr. min.

9. Birthplace MONROE Co., Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business ✓

MOTHER FATHER { 12. Name JACK UTTEBACK

13. Birthplace MONROE Co., Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name MARtha GRADY

15. Birthplace NOT KNOWN  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jack Utteback

(b) Address FLORIDA, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 13, 1940  
(Month) (Day) (Year)

(c) Place: burial or cremation MONROE CITY, Mo

18. (a) Signature of funeral director Speed Blaney

(b) Address PARIS, Mo.

19. (a) 2-12-40 (Date received local registrar) (b) R.P. Thompson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2 1/2 MI. N.E. OF FLORIDA, Mo.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 11  
year 1940 hour 5-30 minute P M.

21. I hereby certify that I attended the deceased from Feb 4-40  
Feb 11, 1940 to FEB. 11<sup>th</sup>, 1940;  
that I last saw him alive on FEB. 11<sup>th</sup>, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration Short time

Due to Arteriosclerosis

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 94

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓

(b) Date of occurrence ✓

(c) Where did injury occur? ✓  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury ✓

23. Signature Speed Blaney (M. D. \_\_\_\_\_)  
Address PESSY, Mo. Date signed 2-12-40

PHYSICIAN  
Underline the cause to which death should be charged statistically

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 18 1940

RECEIVED

District Health Officer No. 10

District File Number 3-40-472

Date Filed MAR 4 1940

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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *W. H. Blaney*

Licensed Embalmer No. 2414

P. O. Address Paris, Missouri

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, above space should be left blank.