

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12309

DIP-COWAN 22

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

BIRTH NO. _____		REG. DIST. NO. <u>69</u>		PRIMARY REG. DIST. NO. <u>5272</u>		Registrar's No. <u>220</u>	
1. PLACE OF DEATH a. COUNTY <u>Christian</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R # 2 Billings Polk</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R # 2 Billings Polk 0220</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Amelia</u> b. (Middle) <u>Henrietta</u> c. (Last) <u>Utke</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 28, 1950</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept 14, 1860</u>	
				9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR <u>7</u> Months	IF UNDER 24 Hrs. <u>14</u> Hours
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		11. BIRTHPLACE (State or foreign country) <u>Dutch Crone, Germany 4</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Albert Venzlaff</u>			13b. MOTHER'S MAIDEN NAME <u>Henrietta ?</u>		14. NAME OF HUSBAND OR WIFE <u>Herman Utke</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Elmer Medlin, Billings 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ch. Myocarditis</u> ANTECEDENT CAUSES <u>Ch. Parenchym. Nephritis ?</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____					<u>592X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10-12</u> , 19 <u>49</u> , to <u>4-28</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4-27</u> , 19 <u>50</u> , and that death occurred at <u>11:50</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R.D. Cowan</u>			23b. ADDRESS <u>M.D. Aurora - Mo.</u>		23c. DATE SIGNED <u>4-30-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial U</u>		24b. DATE <u>April 30-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>German Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Billings, Missouri.</u>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Apr. 20, 1950</u>		REGISTRAR'S SIGNATURE <u>Atline Dierck</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>J.B. Surridge</u>		ADDRESS <u>Marionville, Mo.</u>	

RECEIVED MAY 3 1950
District Health Office No. 6,
District File Number 550-534
Date Filed 5-3-50

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
Student Embalmer

Signed

Herman Durridge

Licensed Embalmer No. 3072

P. O. Address Marionville

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, fact should be so stated above.