FILED JUL 13 1951

S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20760

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 220

0644

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

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Elizabeth Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ralls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New London 0870
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print)
a. (First): Nell
b. (Middle):
c. (Last): Utterback

4. DATE OF DEATH (Month) (Day) (Year): June 23, 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 4, 1888
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months 10, Days 18 — IF UNDER 1 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Ralls Co
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James Noonan
13b. MOTHER'S MAIDEN NAME: Anna O'Connor
14. NAME OF HUSBAND OR WIFE: Terrell W. Utterback

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs Melvin B. Wickens — ADDRESS: Hannibal

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Mesenteric Thrombosis	24 hrs.
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Generalized Carcinomatosis	?
DUE TO (c)	Carcinoma of bile ducts	?
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*		155X

19a. DATE OF OPERATION: 6-8-51
19b. MAJOR FINDINGS OF OPERATION: Explatory Laporatomy - & Biopsy - Findings:- As above
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1, 1951, *to* June 23, 1951, *that I last saw the deceased alive on* June 23, 1951, *and that death occurred at* 5 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] [illegible]
23b. ADDRESS: Hannibal, Missouri
23c. DATE SIGNED: 7-2-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 26-51
24c. NAME OF CEMETERY OR CREMATORY: Grand View Burial Park
24d. LOCATION (City, town, or county) (State): Hannibal Mo

DATE REC'D BY LOCAL REG.: July 3-1951
REGISTRAR'S SIGNATURE: [signature] Dr E M Lukke 1st Deputy — H C Fisher
25. FUNERAL DIRECTOR'S SIGNATURE: James O'Donnell — ADDRESS: Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 12 1951
MARION CO. HEALTH DEPT.
DATE FILED JUL 12 1951

DEC 21 1951

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 Michael J. O'Daniel

Licensed Embalmer No. 3246

P. O. Address Hannibal 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 this body is not embalmed, fact should be so stated above.