

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33074

State File No.

FILED OCT 30 1951

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5363 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>Davess</u>		2. USUAL RESIDENCE (Where deceased lived. If (a) situation: residence before admission): a. STATE <u>MO</u> b. COUNTY <u>Davess</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jefferson Twp</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jefferson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0310</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Utthe</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>10-10-51</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-11-1913</u>	9. AGE (In years last birthday) <u>38</u>	IF UNDER 1 YEAR Months <u>29</u> Days 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	11. BIRTHPLACE (State or foreign country) <u>Gallatin MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>St Poace</u>	13b. MOTHER'S MAIDEN NAME <u>Mae Deukle</u>	14. NAME OF HUSBAND OR WIFE <u>Paul Utthe</u>
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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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Paul Utthe</u>	ADDRESS <u>Winston MO.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Breast</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ca Breast</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Oct 10, 1951, to Oct 10, 1951, that I last saw the deceased alive on Oct 8, 1951, and that death occurred at 9:30A m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. K. Wilson</u> (Degree or title)	23b. ADDRESS <u>Winston MO</u>	23c. DATE SIGNED <u>Oct 12 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-12-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Alta Vista</u>	24d. LOCATION (City, town, or county) (State) <u>County Davess MO</u>
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DATE REC'D BY LOCAL REG. <u>24 Oct 1951</u>	REGISTRAR'S SIGNATURE <u>Virginia M Engelhart</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs Kate Shoup Winston MO</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

L. P. Peterson
Licensed Embalmer No. 3302

P. O. Address Gallatin, 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.