S. No. 300
v. 10-48

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

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FILED APR 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13584

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 105

1. PLACE OF DEATH
a. COUNTY: Marion.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakwood, Missouri.
c. LENGTH OF STAY (In this place): 2 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3633 Market St.

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): Perry, Missouri. 0870
d. STREET ADDRESS (If rural, give location): /

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

4. DATE OF DEATH (Month) (Day) (Year): March, 30, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May, 9, 1872
9. AGE (In years last birthday): 79 — If under 1 year: Months 10, Days 21 — If under 24 hrs.: Hours, Min.

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

13a. FATHER'S NAME: Chas Carter
13b. MOTHER'S MAIDEN NAME: Lou Ellis
14. NAME OF HUSBAND OR WIFE: John Henry Utterback.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: John Henry Utterback
ADDRESS: Perry, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia bronchs — INTERVAL BETWEEN ONSET AND DEATH: 3-19-52

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

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
491X
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* 1-14-52, *19*____, *to* 3-24-52, *19*____, *that I last saw the deceased alive on* 3-24-52, *19*____, *and that death occurred at* 4:00P m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. L. Greene (Degree or title) M.D.
23b. ADDRESS: Hannibal, Missouri
23c. DATE SIGNED: 3-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-31-52
24c. NAME OF CEMETERY OR CREMATORY: Grnadview Cemetery
24d. LOCATION (City, town, or county) (State): Ralls County, Missouri

DATE REC'D BY LOCAL REG.: 4-9-52
REGISTRAR'S SIGNATURE: Dr. E. M. Lucke By W. Fisher
25. FUNERAL DIRECTOR'S SIGNATURE: Clyde Wilkey
ADDRESS: Perry, Missouri.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED APR 15 1952
MARION CO. HEALTH DEPT.
DATE FILED APR 1. 1952

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 Clyde C. Wissey

Licensed Embalmer No. 3820

P. O. Address Perry, 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, fact should be so stated above.