

STANDARD CERTIFICATE OF DEATH

FILED MAR 12 1954

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

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HANNIBAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL, JEFFERSON TOWNSHIP	
c. LENGTH OF STAY (in this place) 15 DAYS		d. STREET ADDRESS (If rural, give location) STOUTSVILLE #RED.	
d. FULL NAME OF HOSPITAL OR INSTITUTION LEVERING HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) FREDRICK b. (Middle) SELDON c. (Last) UTTERBACK			4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 28th 1954
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JANUARY 5th 1868	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 1 Days 23	IF UNDER 1 WEEK Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING RET. OWN FARM.	10b. KIND OF BUSINESS OR INDUSTRY OWN FARM.	11. BIRTHPLACE (State or foreign country) MONROE COUNTY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME THOMAS UTTERBACK.	13b. MOTHER'S MAIDEN NAME SARAH WILSON JOHNSON.	14. NAME OF HUSBAND OR WIFE MARTHA LEWIS UTTERBACK.
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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) no.	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME J. T. Utterback	ADDRESS Stoutsville Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity 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. Hypertrophy of Prostate		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200	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)	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 **Feb 15, 1954**, to **Feb 28, 1954**, that I last saw the deceased alive on **Feb 28, 1954** and that death occurred at **3:54 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. T. Utterback	(Degree or title)	23b. ADDRESS Hannibal Mo	23c. DATE SIGNED Mar 2/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MARCH-1-1954	24c. NAME OF CEMETERY OR CREMATORY STOUTSVILLE Cemetery	24d. LOCATION (City, town, or county) (State) STOUTSVILLE MISSOURI
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DATE REC'D BY LOCAL REG. 3-3-54	REGISTRAR'S SIGNATURE Dr. E.M. Luck	25. FUNERAL DIRECTOR'S SIGNATURE Wilson & Sons	ADDRESS MONROE CITY, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED WAR 10 1934
MARION CO. HEALTH DEPT.
DATE FILED WAR 10 1934

FEB 1 1935

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroeville 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.