

FILED SEP 27 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29805

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 259

1. PLACE OF DEATH  
a. COUNTY Boone

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY CLAY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN COLUMBIA

c. CITY OR TOWN EXCELSIOR SPRINGS

c. LENGTH OF STAY (in this place) 52 days  
d. FULL NAME OF HOSPITAL OR INSTITUTION ELLIS FISCHER STATE CANCER HOSP

d. Is Residence within limits of a city or incorporated town? Yes  No   
f. STREET ADDRESS (If rural, give location) ROUTE # 2 CRESCENT LAKE

3. NAME OF DECEASED (Type or Print)  
a. (First) OMIE b. (Middle) MAU c. (Last) UTTERBACK

4. DATE OF DEATH (Month) (Day) (Year) 9-20-54

5. SEX Female 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH 3-24-93

9. AGE (In years last birthday) Months Days Hours Min. 61 5 21

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK & PRACTICAL NURSE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) WATERVILLE, KANSAS

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME unknown

13b. MOTHER'S MAIDEN NAME MARY ELLEN FREIERMOUTH

14. NAME OF HUSBAND OR WIFE Widow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS HOSPITAL RECORDS

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) Multiple Myeloma  
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.

INTERVAL BETWEEN ONSET AND DEATH 3 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 203 X

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 July 30, 1954 to September 20, 1954; that I last saw the deceased alive on Sept 20, 1954, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John E. Finley Jr M.D.

23b. ADDRESS Ellis Fischer Hosp. Columbia Mo

23c. DATE SIGNED 9-20-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Sept 23, 1954

24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery

24d. LOCATION (City, town, or county) (State) Jola, Kansas

DATE REC'D BY LOCAL REG. Sept 21 1954

REGISTRAR'S SIGNATURE Mrs R E Palmer

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker Funeral Service, Columbia Mo

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above..