

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31412

STATE FILE NUMBER

*Dr. Keller*

FILED OCT 15 1958

71809-56 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 348

1. PLACE OF DEATH a. COUNTY <i>Marion</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Marion</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Hannibal</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Hannibal</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St Elizabeth</i>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <i>211 So. 8th</i>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>MARY</i> Middle <i>ANN</i> Last <i>UTTERBACK</i>			4. DATE OF DEATH Month <i>10</i> Day <i>3</i> Year <i>1956</i>		
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>10-3-1956</i>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>5</i> IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Hannibal Mo</i>	
13. FATHER'S NAME <i>Raymond Utterback</i>			14. MOTHER'S MAIDEN NAME <i>Maxine Caruso</i>		
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 <i>Raymond Utterback, 211 S. 8th, Hannibal Mo.</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Premature Separation of placenta</i> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>7610</i>		
20c. TIME OF INJURY Hour - Month, Day, Year a. m. p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <i>10-3-56</i> to <i>10-3-56</i> and last saw her alive on <i>10-3-56</i> Death occurred at <i>6:45 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>M. Keller M.D.</i>			22b. ADDRESS <i>Hannibal Mo.</i>		22c. DATE SIGNED <i>Oct 10/56</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>10-4-56</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St Marys Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Hannibal Mo</i>
24. FUNERAL DIRECTOR <i>J M O'Donnell, Hannibal Mo</i>			25. DATE RECD. BY LOCAL REG. <i>10/10/56</i>		26. REGISTRAR'S SIGNATURE <i>Em Lucke By J C Fisher</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED OCT 12 1956  
MARION CO. HEALTH DEPT,  
DATE FILED OCT 12 1956

---

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 *A. M. O'Connell*.....

Licensed Embalmer No. *386*

P. O. Address *Hannibal*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.