

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3034

State File No.

FILED MAR 13 1957

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 56

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

1. PLACE OF DEATH a. COUNTY <u>Andrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Andrain</u>	
b. CITY OR TOWN <u>Merico</u> c. LENGTH OF STAY (in this place) <u>1 year</u>		c. CITY OR TOWN <u>Mexico</u> d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Andrain Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>Schopp's Trailer Court - St. W. Johnson</u>	
3. NAME OF DECEASED a. (First) <u>Yonas Franklin</u> b. (Middle) <u>Utterback</u> c. (Last) <u>Utterback</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 8, 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 12, 1908</u>
9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Highway Dept.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer.</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Greenbloom, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lucian Utterback</u>		13b. MOTHER'S MAIDEN NAME <u>Beanie Hedgston</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Margaret Utterback</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>		16. SOCIAL SECURITY NO. <u>6-23-27-12-23-30/2678-7799</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Margaret Utterback</u>		ADDRESS <u>Same</u>	
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) <u>Tubercular infection</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary occlusion</u> DUE TO (c) <u>Atherosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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) <u>4201</u>			
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? _____			
22. I hereby certify that I attended the deceased from <u>Never</u> 19____, to _____, 19____, that I last saw the deceased <u>March 3-8</u> , 19 <u>57</u> , and that death occurred at <u>7:15 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>William H. Gentry, M.D.</u>		23b. ADDRESS <u>112 N. Clark, Merico, Mo.</u>	
23c. DATE SIGNED <u>Mar 8, 1957</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 11, 57</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Grand-View</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar 9-1957</u>		REGISTRAR'S SIGNATURE <u>Bonchee Geely</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Precht-Houston</u>		ADDRESS <u>Merico, Mo</u>	

MAR 18 1957

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 *Rafael S. Hueston Jr*.....
Licensed Embalmer No. 4687

P. O. Address *Mexico*.....

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.