Health, Welfare Public Service

300 -57

FILED JAN 29 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001070

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Grundy	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Grundy
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Trenton — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Trenton 0402 0 — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Wright — Length of stay in 1b 5 hrs.	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: Ivan	Middle:	Last: Uthe	4. DATE OF DEATH Month Day Year: Jan. 18, 1959
5. SEX: Male 0	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: May 5, 1909	9. AGE (In years last birthday): 49 — 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): Truck Driver	10b. KIND OF BUSINESS OR INDUSTRY: Lime & Rock	11. BIRTHPLACE (City and state or country): Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME: Christopher Uthe	13b. MOTHER'S MAIDEN NAME: Mattie Minor	14. NAME OF HUSBAND OR WIFE: None		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) 11/42 -10/45	16. SOCIAL SECURITY NO.: 500-07-5216	17. INFORMANT: Alpha Uthe	Address: Winston, Missouri	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Crushed Chest - Ruptured Lines. — INTERVAL BETWEEN ONSET AND DEATH: 5 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Car Wreck - Thrown out of Car

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: 1a AM Jan 18th 1959

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 6 near Edgar

20f. CITY, TOWN, OR LOCATION: Highway #6 — COUNTY: Grundy — STATE: Mo

21. I attended the deceased from Jan 18th 1959 to Jan 18th 1959 and last saw her/him alive on Jan 18th 1959

Death occurred at 7th AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Oliver F Duffy MD	22b. ADDRESS: Trenton Mo Jan	22c. DATE SIGNED: 24th 1959
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 1/18/59	23c. NAME OF CEMETERY OR CREMATORY:
23d. LOCATION (City, town, or county) (State)		
24. FUNERAL DIRECTOR: Gipson, William	ADDRESS: Trenton, Mo.	25. DATE RECD. BY LOCAL REG.: 1-27-59
26. REGISTRAR'S SIGNATURE: Irene Fair		

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JAN 18 1960

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 Richard D. Collins

Licensed Embalmer No. 4959

P. O. Address Gardiner, Me.

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.