

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014142

STATE FILE NUMBER

FILED MAY 1 1959 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 123

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, give TOWNSHIP only) OR TOWN HANNIBAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MONROE CITY 0690
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STELIZABETH HOSPT		Length of stay in lb 11 WKS	d. STREET ADDRESS (If outside, give location) 329 MILL STR.
3. NAME OF DECEASED (Type or print) First Middle Last HORACE TOWNSEND UTTERBACK			4. DATE OF DEATH Month Day Year APRIL 21st 1959
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DECEMBER 21 1889
9. AGE (In years last birthday) 69		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) SALEMAN (RET)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) AUDRAIN COUNTY, MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME HORACE H UTTERBACK	
13b. MOTHER'S MAIDEN NAME PARIALEE REID		14. NAME OF HUSBAND OR WIFE LOLA MAY BOUSMAN	
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. 448-18-1378	17. INFORMANT Maude A. Hannon Address Monroe City, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Pancreas			INTERVAL BETWEEN ONSET AND DEATH 3 months
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from FEB to April 21 1969 and last saw her/him alive on 21 April 1959 Death occurred at 5 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Wyneth Handlin M.D.		22b. ADDRESS Hannibal Missouri	22c. DATE SIGNED 4/24/59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE APRIL 24.59	23c. NAME OF CEMETERY OR CREMATORY FLORDIA CEMETERY	23d. LOCATION (City, town, or county) (State) MONROE COUNTY, MISSOURI
24. FUNERAL DIRECTOR Wilson & Sons		ADDRESS MONROE CITY, MO.	25. DATE RECD. BY LOCAL REG. 4-24-59
26. REGISTRAR'S SIGNATURE Dr. E. M. Luckey, Jr. C. Diakos			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

Student
Signature of Student Embalmer

Signed Leslie L. Wilson.....

Licensed Embalmer No. 3014.....

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