. Health,
& Welfare
. Public
h Service

S. 300
. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-017214
STATE FILE NUMBER

FILED MAY 26 1959 Registration District No. 99 Primary Registration District No. Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY DeKalb
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Weatherby — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY DeKalb
c. CITY OR TOWN Weatherby — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 0320 (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First CORA Middle LU-ELLA Last UTHE
4. DATE OF DEATH Month May Day 21 Year 1959
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Aug. 26 1873
9. AGE (In years last birthday) 85 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Weatherby, Dekalb Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Noah Casebolt
13b. MOTHER'S MAIDEN NAME Matilda Heimbaugh
14. NAME OF HUSBAND OR WIFE John Uthe
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Edna Cooper Address Weatherby Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 2 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Thrombosis — 2 Weeks
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 332X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 1945 to 5/21/59 and last saw her/him alive on 5/20/59
Death occurred at 2:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harold Fowler (Degree or title) M.D.
22b. ADDRESS Maysville Missouri
22c. DATE SIGNED 5/22-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5-23-59
23c. NAME OF CEMETERY OR CREMATORY Shambaugh
23d. LOCATION (City, town, or county) (State) Weatherby Mo. (Rural)

24. FUNERAL DIRECTOR Pilcher Funeral Home ADDRESS Maysville Mo
25. DATE RECD. BY LOCAL REG. 5-23-59
26. REGISTRAR'S SIGNATURE Rescoe Davidson

(Licensed Embalmer's Statement on Reverse Side)

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.

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 C. T. Pilcher
C. T. Pilcher

Licensed Embalmer No. 3960

P. O. Address Maysville 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.