

FILED NOV 20 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 37705

BIRTH NO. _____ REG. DIST. NO. 194 PRIMARY REG. DIST. NO. 4307 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Mc. Donald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rocky Comfort		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rocky Comfort - Rocky Comfort	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location) Sup U	
3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Hendrix c. (Last) Utter			4. DATE OF DEATH (Month) (Day) (Year) Nov. 10 1950
5. SEX Male	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 1 1876
9. AGE (In years last birthday) 73		# UNDER 1 YEAR Months 11 Days 10	# UNDER 2 WKS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME David J. Utter	
13b. MOTHER'S MAIDEN NAME Christine Hunt		14. NAME OF HUSBAND OR WIFE Emma C. Utter	
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. None	17. INFORMANT'S SIGNATURE OR NAME Emma C. Utter
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) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Myocarditis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4/31X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Nov 1 - 1950 , to Nov 10, 1950 , that I last saw the deceased alive on Nov 10, 1950 , and that death occurred at 9 m., from the causes and on the date stated above.			
23a. SIGNATURE W. Cardwell M.D.		23b. ADDRESS Utter	
23c. DATE SIGNED 11/13/50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 11-13-50		24c. NAME OF CEMETERY OR CREMATORY Rocky Comfort Cem.	
24d. LOCATION (City, town, or county) (State) Rocky Comfort, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Wm Morris Logan Wheaton, Mo.	
DATE REC'D BY LOCAL REG. Nov. 13, 1950		REGISTRAR'S SIGNATURE O. C. Plumbees	

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

0600

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED NOV 15 1950

Dist. File 1150-2279

Date Filed 11-17-50

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
Student Embalmer

Signed Wm. Morris Payne

Licensed Embalmer No. 84424

P. O. Address Wheaton, 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 this body is not embalmed, fact should be so stated above.