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STATE OF MISSOURI }
CITY OF JEFFERSON } ss

I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Statistics of the Missouri Department of Health. Witness my hand as State Registrar of Vital Statistics and the Seal of the Missouri Department of Health this date of

Gariand H Land

Gariand H. Land
State Registrar of Vital Statistics

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8362**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **183**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived if institution; residence before a. STATE Missouri b. COUNTY Scott	
b. CITY OR TOWN Cape Girardeau		c. CITY OR TOWN Benton	
c. LENGTH OF STAY in this place 2 Wks		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Mo. Hospital		e. STREET ADDRESS (if rural, give location) Rural Route #1, 10th	

3. NAME OF DECEASED a. (First) Mary b. (Middle) Etta c. (Last) Utenage		4. DATE OF DEATH (Month) (Day) (Year) Mar. 13 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH Oct 7, 1917
9. AGE (In years, has birthday) 38	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) New Madrid Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James Morrow	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE George Utenage	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give branch and dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME George Utenage	ADDRESS Benton Mo
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration		INTERVAL BETWEEN ONSET AND DEATH 3 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last Hemangio-endothelial Sarcoma of Rt. Jaw		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Intertrochanteric Fracture, Left			

19a. DATE OF OPERATION Mar. 2, 1956	19b. MAJOR FINDINGS OF OPERATION Intertrochanteric Fr. Left femur	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other building, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Benton Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **Feb. 27, 1956**, to **Mar. 13, 1956**, that I last saw the deceased alive on **Mar. 13, 1956**, and that death occurred at **9:30** m., from the causes and on the date stated above.

23a. SIGNATURE Israel H. Foxworth, M.D.	(Degree or title)	23b. ADDRESS 24 N. Sprigg Cape Girardeau, Mo.	23c. DATE SIGNED Mar. 19, 1956
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 3-16-56	24c. NAME OF CEMETERY OR CREMATORY Unity Church Cemetery	24d. LOCATION (City, town, or county) (State) Benton Mo
DATE REC'D BY LOCAL REG. 3-20-56	REGISTRAR'S SIGNATURE T. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE Ford & Sons Funeral Home	ADDRESS Benton Mo