

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

3643

State File No.

No. 300
10.48

FILED JAN 25 1954

BIRTH NO. _____		REG. DIST. NO. <u>322</u>		PRIMARY REG. DIST. NO. <u>4472</u>		Registrar's No. <u>42</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u> 0970				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Miami</u>		c. LENGTH OF STAY (In this place) <u>70 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Miami</u> 0970			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Streets not numbered</u>				d. STREET ADDRESS (If rural, give location) <u>Streets not numbered</u> 0			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Utley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 16th, 1954</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 5th, 1874</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>		11. BIRTHPLACE (State or foreign country) <u>St. Jacobs, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Utley</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Berry</u>		14. NAME OF HUSBAND OR WIFE <u>Nancy Goddard Utley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Nancy G. Utley, Miami, Mo.</u>			
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				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				<u>about 70 years after many years</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331 X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>1-16</u> , 19 <u>54</u> , to <u>1-16</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>1-16</u> , 19 <u>54</u> and that death occurred at <u>2-30P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Sullivan M.D.</u>		23b. ADDRESS <u>Miami, Missouri</u>		23c. DATE SIGNED <u>1-17-1954</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 19, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Saline County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1/19/54</u>		REGISTRAR'S SIGNATURE <u>Ms. Earl C. Metz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Campbell-Lewis</u>		ADDRESS <u>Marshall, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 W. Campbell

Licensed Embalmer No. 3469

P. O. Address Marshall W.

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.