

FILED FEB 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1961**

BIRTH NO. _____ REG. DIST. NO. **194** PRIMARY REG. DIST. NO. **4307** Registrar's No. **5-**

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give town) Rocky Comfort		c. LENGTH OF STAY (In this place) 6 yrs.	c. CITY OR TOWN Rocky Comfort
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 06000	

3. NAME OF DECEASED (Type or Print) a. (First) Delva	b. (Middle) Auldine	c. (Last) Utter	4. DATE OF DEATH (Month) (Day) (Year) January 23 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 30 1916	9. AGE (In years last birthday) 39	IF UNDER 1 YEAR 8 Months 24 Days	IF UNDER 24 HRS. 0 Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and State or Foreign Country) West Virginia	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles E. Black	13b. MOTHER'S MAIDEN NAME Lutecia Hanlon	14. NAME OF HUSBAND OR WIFE Perry Utter
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Perry Utter	ADDRESS Rocky Comfort, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shot-Gun Wound In Chest		INTERVAL BETWEEN ONSET AND DEATH Sudden
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Self-Inflicted		
	DUE TO (c) (Suicide)		
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 976x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **6:00 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. M. J. Coroner	23b. ADDRESS Noel, Mo.	23c. DATE SIGNED 1-24-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-25-56	24c. NAME OF CEMETERY OR CREMATORY Rocky Comfort Cem.	24d. LOCATION (City, town, or county) (State) Rocky Comfort, Missouri
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DATE REC'D BY LOCAL REG Feb. 1, 1956	REGISTRAR'S SIGNATURE O. E. P...	25. FUNERAL DIRECTOR'S SIGNATURE W. Morris...	ADDRESS ...
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(Licensed Embalmer's Statement on Reverse Side)

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

FEA 2.4 1952

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 *W. Morris Logan*

Licensed Embalmer No. *3482*

P. O. Address *Wheaton*

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.