Health, Welfare Public Service

300 1-56 3

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED APR 4 - 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 9143

Registration District No. 155 Primary Registration District No. 5578 Registrar's No. 39

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE OKLAHOMA b. COUNTY Tulsa
c. CITY OR TOWN BROKEN ARROW 8350 8 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 401 W GALVESTON (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First REUBEN Middle DEWEY Last UTLEY

4. DATE OF DEATH Month MARCH Day 29, Year 1957

5. SEX MALE 0

6. COLOR OR RACE WHITE

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH FEB. 3, 1923

9. AGE (In years last birthday) 34 — 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) UPHOLSTER & MACHINIST HELPER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) ELM STORE, ARKANSAS 1

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME ROLLAND REED UTLEY

14. MOTHER'S MAIDEN NAME MINA LINDSEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) W.W. #2

16. SOCIAL SECURITY NO. 463-22-3886

17. INFORMANT MINA WILLIAMS Address BROKEN ARROW, OKLA.

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) Carbon monoxide poisoning — INTERVAL BETWEEN ONSET AND DEATH 30 min.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Hyp suicide note described procedure 9731

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) This man placed hose in exhaust of car and brought into rear window motor not running due to exhaust pistol supply

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 Magapipa Mine Webb City, COUNTY Jasper STATE Mo.

21. I attended the deceased from did not attend to ~~and last saw her him~~ alive on 3-29-57
Death occurred at 9:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wm. Kenneth Mo. Coroner Jasper Co. 3

22b. ADDRESS First Nat'l Bldg. Joplin Mo.

22c. DATE SIGNED 3/30/57

23a. BURIAL, CREMATION, REMOVAL (Specify) ~~BURIAL~~ REMOVAL

23b. DATE 4/1/57

23c. NAME OF CEMETERY OR CREMATORY PARK GROVE

23d. LOCATION (City, town, or county) BROKEN ARROW (State) OKLAHOMA.

24. FUNERAL DIRECTOR KENNARD FUNERAL HOME ADDRESS BROKEN ARROW, OKLA.

25. DATE RECD. BY LOCAL REG. 3-30-57

26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

Jasper County Health Office
County File Number: 57-4-268
Date Filed APR 2 1957

MAY 29 1957

DEC 12 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Richard Troy Lewis

Licensed Embalmer No. 440

P. O. Address Webb City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.