FILED JUL 22 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 24219

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 708-F

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Springfield — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Burge Hospital — Length of stay in 1b: 72 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Greene
c. CITY OR TOWN: Springfield — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 430 E. Harrison — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: EVA Middle: BARNETT Last: UTLEY
4. DATE OF DEATH: Month: July Day: 11, Year: 1957
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 11 Apr. 1885
9. AGE (In years last birthday): 72 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Oscar M. Ray
13b. MOTHER'S MAIDEN NAME: Emily J. Morris
14. NAME OF HUSBAND OR WIFE: William H. Utley
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: William Utley Address: Springfield, Mo.

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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary atherosclerosis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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 COUNTY STATE

21. I attended the deceased from 1949, to July 11, 1957 and last saw her alive on 7-8-57
Death occurred at 9:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: [signature] (Degree or title): M.D.
22b. ADDRESS: Medical Arts Bldg. Springfield, Missouri
22c. DATE SIGNED: 7-12-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-15-57
23c. NAME OF CEMETERY OR CREMATORY: Greenlawn
23d. LOCATION (City, town, or county) (State): Springfield, Missouri

24. FUNERAL DIRECTOR: J.W. Klingner & Co. ADDRESS: Spgfd. Mo.
25. DATE RECD. BY LOCAL REG.: 7-15-57
26. REGISTRAR'S SIGNATURE: Edith Williamson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

SEP 27 1957

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 Catherine Kling

Licensed Embalmer No. 3719

P. O. Address Spfdg. M

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.