

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43674
Do not use this space.

1. PLACE OF DEATH Home 2

(a) County Linn Registration District No. 486

(b) Township Brookfield 1 Primary Registration District No. 3025 Registered No. 97

(c) City Brookfield 1 (d) Street No. 555 S. Livingston St. Mo.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 12 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Stella Lavinga Utley

(a) Residence, No. 555 S. Livingston St. Mo. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles E. Utley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25 1880

7. AGE YEARS <u>58</u>	MONTHS <u>8</u>	DAYS <u>6</u>	IF LESS than 1 day,hrs. ormin.
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8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) April 25 1938

11. Total time (years) spent in this occupation 43

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-31, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-15, 1938, to 12-31-38, 1938.
I last saw her alive on 12-, 1938. Death is said to have occurred on the date stated above, at 3 a m.
The principal cause of death and related causes of importance were as follows:
Chs. Myocarditis

Date of onset Unknown

Other contributory causes of importance: None

Name of operation None Date of None

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify (Signed) James Egan, M. D.
Brookfield Mo

12. BIRTHPLACE (CITY OR TOWN) De Witt (STATE OR COUNTRY) Mo.

FATHER

13. NAME Bill Winfrey

14. BIRTHPLACE (CITY OR TOWN) De Witt (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Mary Edwards

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. Roy Edmonds (ADDRESS) Brookfield

18. BURIAL, CREMATION, OR REMOVAL PLACE De Witt - Mo DATE Jan 2, 1939

19. FUNERAL DIRECTOR (NAME) Hills Chapel (ADDRESS) Brookfield

20. FILED Jan 1, 1939 Wm. L. Lucas Local Registrar

RECEIVED

District Health Officer No. 10

District File Number 10-38-888

Date Filed 1/12/39

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

Registered Apprentice No....., working under my personal supervision.

Signed J. H. Blacklock

Licensed Embalmer No. 2246

P. O. Address Brookfield Mo

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, above space should be left blank.