

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.

DEC 17 1939

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

38908
Do not use this space.

1. PLACE OF DEATH
 (a) County Barry Registration District No. 34
 (b) Township Exeter Primary Registration District No. 6239 Registered No. 2.5
 (c) City Exeter (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
360 Kate Bartlett Utter
 2. PRINT FULL NAME
 (a) Residence, No. _____ St. (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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David A. Utter
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10 1869
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 2 11
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edgar Co., Illinois
 FATHER 13. NAME Carvel Cooley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 MOTHER 15. MAIDEN NAME Joan Ballard
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 17. INFORMANT (ADDRESS) David A. Utter Exeter, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE New Church Cem. DATE 11/23 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Roan Lim House Cassville, Mo.
 20. FILED Nov. 22 1939 Mrs. H. P. Searey Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 21 1939
 22. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1939 to Nov. 21 1939
 I last saw her alive on Nov. 21 1939 Death is said to have occurred on the date stated above, at 2:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
 Date of onset _____
 Other contributory causes of importance:
Chronic myocarditis
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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? _____
 If so, specify _____ (Signed) Henry A. Salzer M. D.
Cassville, Mo. (Address)

RECEIVED

District Health Officer No. 6,

District File Number 1239-2527

Date Filed DEC 7 1939

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,

Eugene Wood

or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Eugene Wood

Licensed Embalmer No. 3804

P. O. Address Cassville, 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.