

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

40171  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Livingston <sup>2</sup> Registration District No. 508  
 (b) Township Chillicothe <sup>1</sup> Primary Registration District No. 3026  
 (c) City Chillicothe (d) Street No. \_\_\_\_\_ St.  
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 310 James Utley  
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 4, 1871  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
68 3 15  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 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) Livingston Co. Missouri  
 FATHER 13. NAME Unknown  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 MOTHER 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 17. INFORMANT (ADDRESS) William Olenhouse Chillicothe, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Leopoles Cem DATE Nov. 24, 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) James D. Gordon Chillicothe, Mo.  
 20. FILED Nov. 24, 1939 H. M. Grace, M.D. Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to Nov. 19, 1939  
 I last saw him alive on Nov. 17, 1939. Death is said to have occurred on the date stated above, at 6:22 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Intestinal Obstruction Date of onset 1934  
 Other contributory causes of importance: 1/21  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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) A. Collier \_\_\_\_\_, M. D.  
 (Address) Chillicothe, MO

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.

State of Illinois Certificate No. 713  
District File No. 1239-1668  
Date Filed DEC 9 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, or by.....

*Donald F. Gordon*

Registered Apprentice No. *223*

working under my personal supervision.

Signed *James D. Gordon*

Licensed Embalmer No. *1870*

P. O. Address *Lehillicothe*

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.